# F0800001193

(Requestor's Name)	
(Address)	_
( and the first of	
(Address)	
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	
•	
(Document Number)	—
Cartificat Canica Cartificates of Status	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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#### COVERLETTER

TO: New Filing Section Division of Corporations	,
SUBJECT: ACCELERATION APPE	CARANCE COMPANY
(Name	e of corporation - must include suffix)
Dear Sir or Madam:	
	rporation for Authorization to Transact Business in Florida," submitted to register the above referenced foreign corporation to
Please return all correspondence concerni	ng this matter to the following:
SHARON ELLIOTT	
	(Name of Person)
TRINITY ACCOUNTING GROUP,	
	(Firm/Company)
P.O. BOX 1983	
	(Address)
ATHENS, GA 30603	·
	(City/State and ZIP code)
For further information concerning this m	atter, please call:
SHARON ELLIOTT a	t (706) 546-1422
(Name of Person)	(Area Code & Daytime Telephone Number)
	:
STREET/COURIER ADDRES New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amo	unt:
X \$70.00 Filing Fee ☐ \$78.75 Filing Certificate o	<del></del>

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT, BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	ACCELERATION APPEARANCE COMPANY							
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"							
	"Inc.," "Co.," "Corp,	" "Inc," "Co," or "Corp.")						
	·				<del> </del>			
	(If name unavailable	in Florida, enter alternate corpora	ate name	adopted for the purpose of transacting bus	iness in F	lorida)		
2.	GEORGIA		3.	26-1755285	·			
	(State or country unde	er the law of which it is incorpora	ted)	(FEI number, if applicable)				
ŧ.	01/2	2/2008	5.	5. PERPETUAL				
		(Date of incorporation) (Duration: Year corp. will cease to exist or "per						
j.								
•		(Date first transacted by	usiness ir	Florida, if prior to registration)				
		(SEE SECTIONS 607.1501 &	& 607.15¢	02, F.S., to determine penalty liability)		•		
7	170 COLLEGE	AVENUE, ATHENS, GA	3060	1				
•		(Principal of						
	P.O. BOX 198	3, ATHENS, GA 30603	3					
		(Current mai		ess)				
		•	Ū	•				
₹.	TO ORGANIZE, PR	OMOTE, & ARRANGE CONCER	RTS ON	A WORLDWIDE BASIS BY THE GROU	P "R.E.	М."		
				untry to be carried out in state of Florida)		<del></del>		
,	Nama and atmost add	luces of Florida magistaned ago	nti (D.C	Day NOT againtable)	₽SE	08 Hir		
٠.	Name and street add	<u>lress</u> of Florida registered age	nt: (P.C	b. Box <u>NOT</u> acceptable)	FR	É		
	Name: C'	I CORPORATION SYSTE	EM		系表		7	
~ ^	~	200 COUMII DINE TOTI	NID DO	N. D.	H.	<u></u>	Ę	
Эf	fice Address: $\underline{1}$	200 SOUTH PINE ISLA	AND RC	<u>NAU</u>	<b>2</b>	PH I2: 39	•	
	<u>P</u> :	LANTATION		, Florida <u>33324</u>		'.∀ ⇔		
	***	(City)		(ZIP code)	SE.	S		

#### 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Marie Edwards Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12.	Names a	nd 1	business	addresses	of	officers	and/or	directors:
			• 40	*****	~.	01110010		Q O C C C C C C

A. DIRECTORS	<b>41</b> S 80
Chairman: SEE ATTACHED	
Address:	ASS T
Vice Chairman:	12: 35 STATE LORIDA
Address:	
Director:	
Address:	
Director:	
Address:	
	·
B. OFFICERS	
President:	
Address:	
·	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	,1—,11—,
Address:	
NOTE: If necessary, you may attach an add indum to the application listing additional o	fficers and/or directors.
13.	
(Signature of Director or Officer listed in number 12 of the applica	tion)
14. THOMAS W. SCOTT, III ASSISTANT SECRETARY  (Typed or printed name and capacity of person signing application)	on)
(1) has at himner more appared at herean pigning abbusance	,

#### LIST OF OFFICERS AND DIRECTORS

NAME: MICHAEL E. MILLS

TITLE: PRESIDENT AND DIRECTOR

ADDRESS: 170 COLLEGE AVE., ATHENS, GA 30601

NAME: J. MICHAEL STIPE

TITLE: SECRETARY AND DIRECTOR

ADDRESS: 170 COLLEGE AVE., ATHENS, GA 30601

NAME: PETER L. BUCK

TITLE: VICE PRESIDENT AND DIRECTOR

ADDRESS: 170 COLLEGE AVE., ATHENS, GA 30601

NAME: THOMAS W. SCOTT, III TITLE: ASST SECRETARY

ADDRESS: P.O. BOX 1983, ATHENS, GA 30603

SECREJAHT OF STATE

Control No. 08005860

## STATE OF GEORGIA

## Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 SECRETANT OF STATE

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## CERTIFICATE OF

### **EXISTENCE**

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### **ACCELERATION APPEARANCE COMPANY**

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 01/22/2008 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 11th day of March, 2008

Karen C Handel Secretary of State

Kaun C. Handel

Certification Number: 2249372-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp