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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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SECRETARY OF STATE
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COVER LETTER

TO: New Filing Sec Division of Con			
SUBJECT:	Parana P	aline The	
SUBJECT:	(Name of corpor	oeline. In.C. ration - must include suffix)	
Dear Sir or Madam:			
The enclosed "Applicate "Certificate of Existence to transact business in I	tion by Foreign Corporation ce," and check are submitted Florida.	for Authorization to Transa to register the above refere	ct Business in Florida," nced foreign corporation
Please return all corres	pondence concerning this ma	atter to the following:	
	Sandra	M. Johnson e of Person) Pipeline I (Company)	n
	(Nam	e of Person)	
	Parago	Pipeline I	מכ
	Firm	/Company)	
	010	Potts Rd	
	(A	Address)	
	New	nan GA 30	263
	(City/St	ate and Zip code)	
	concerning this matter, please Johnson at (77 on) (Al		SS3 ione Number)
STREET/COURIER ADDRESS: 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 amount:		
\$70.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 607. ISO3. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO SEGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
GA 3. 58-1601665
(State or country under the law of which it is incorporated) (FEI number, if applicable)
(Date of incorporation) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
none Vet
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
610 Potts Rd. Newman GA 30063
(Principal office address)
P.O. Box 425 Newman 6A 30064 (Current mailing address)
8
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Roger Berry
Office Address: 2498 SE ALDEN ST.
- Pont St. Lucic , Florida 34984 (City) (Zip code)
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. 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.
Olou Better

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 and business addresses of officers and/or directors:	
A. DIRECTORS	FILED
Chairman: Paul Johnson	2909 SEP -8 PM-2: 57
Address: 1000 Potts Rd. Newson 6A 30263	S MILETARY MY ME
	TALLAHASSEE, FLORIDA
Vice Chairman:	
Address:	
Director: Sandra M. Johnson	
Address: 610 Po+45 Rd	
Newson GA 30063	
Director:	
Address:	
B. OFFICERS President: Paul Johnson Address:	
Vice President:	
Address:	
Secretary: <u>Sandra</u> Johnson	
Address: 610 Potts Rd. Newman GA 30263	
Treasurer: Sandra Johnson	
Address: 610 Potts Rd Newman GA 30263	
NOTE: If necessary, you may attach an addendum to the application listing additional office.	ers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. Sandra M. Johnson Suy/ Shens	
(Typed or printed name and capacity of person signing application)	

Control No. J605945

STATE OF GEORGIA

Secretary of State

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

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

PARAGON PIPELINE, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 04/11/1986 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 3rd day of September, 2008

> Karen C Handel Secretary of State

Haun C. Handel

Certification Number: 3115089-1 Reference:

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