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### **COVER LETTER**

TO:	New Filing S Division of C					
SUBJ	IECT: Moment	emps Ltd., Inc.				
		(Name of Corporat	non – must ir	ciude suffix)		
Dear S	Sir or Madam:					
"Certi						o Conduct its Affairs in Florida", ot for profit corporation to conduct
Please	return all corres	pondence concerning this ma	atter to the fo	llowing:		
		Paul A. Daragjati, Esq.	Ol Sp.			
			(Name of Per	son)		
		Paul Daragjati, Prof. Ltd. Co	)			
			(Firm/Comp	any)		
						<del></del>
		5530 Beach Blvd.	(Address			
			(Address	,		
		Jacksonville, Fl. 32207	y/State and Z	in Code)		
		(	,,,,	·r,		
For fu	rther information	concerning this matter, plea	se call:			
Paul I	Daragjati	at 6	904 )	398-7010 ext.	20	
	(Name	of Person)	(Area Code	& Daytime Tel	lephor	ne Number)
	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, Fl	ction rporations		STREET/CO New Filing So Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orpora ing ve Cer	ations ater Circle
Enclos	sed is a check for	the following amount:		•		
<b>□</b> \$70	0.00 Filing Fee		□ \$78.75 Certifie	Filing Fee & d Copy		\$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Momentemp		e the word "INCORPO	RATED" or "CO	RPORATION" or words	or abbreviations of like	
import in langu	uage as will clearly in	ndicate that it is a corpo	ration instead of	a natural person or partnersuffix by a nonprofit cor	ership if not so containe	d
2. Georgia			3.61-146402	8		
(State or cou	intry under the law o	of which it is incorporate	ed)	(FEI number, if applied	cable)	
4. October 30,	2003		5. Perpetual			
· · ·	(Date of Incorp	ooration)		Year corp. will cease to	exist or "perpetual")	
6. Momentemp	os Ltd., Inc., has no	ot conducted affairs in	Florida as of th	is filing.		
(Date first cond	ducted affairs in Flori	da if prior to registration	. See sections 617.	1501 & 617.1502, F.S, to	determine penalty iabilit	y.)
7 5524 Lafleur	· Trail, Lithonia, Ga	30038				
/, ooz / Lanour	Train Eknorna, Ca		pal office address	<del>)</del>		
c/o Paul Dara	agjati, P.L.C., 5530	) Beach Blvd., Jackso				
		(Curre	nt mailing addres	s)		
8. Instruction o	f lower Income ind	ividuals in computer s	kills.			
(Purpose(s) of	corporation authoriz	zed in home state or cou	intry to be carried	out in the state of Florid	اه) عرار الم	
O Mama and at	raat addraga of Flor	rida registered agent:	(D.O. Dow NOT	'	P 20 0	
9. Name and <u>su</u>	eet address of Flor	ida registered agent:	(P.O. BOX <u>NO I</u>	acceptable)	08 OCT - EURE TAP LLAHAS;	· 7
2.7	David A. Davastak	<b>-</b>			AR SS	123 Miles
Name:	Paul A. Daragjati,	, Esq.			₩. <b>.</b>	S. P. S. Maria
Office Address	5530 Beach Blvd	4				
Office Address:	3330 Beach Bive	J.			101 101	-
	lookooniilo		п. 11	22207	<u>~</u>	
	Jacksonville	(City)	, Florida	(Zip Code)	원교 <b>~</b>	
		(011)		(Elp Code)		
	d agent's acceptan					
Having been no	amed as registered	agent and to accept	service of proce	ss for the above stated	l corporation at the p	lace
aesignaiea in ti further avree ta	us appucation, i n comply with the i	tereby accept the app provisions of all state	ointment as reg ites relative to ti	istered agent and agre he proper and complet	e to act in this capac	tty. I
duties, and I an	n familiar with an	d accept the obligation	ns of my posi <u>ti</u>	on as registered agent.	e perjormance of my	
				)		
		( )()	ı ´ . /			
		1//				
	<del></del>	1	4			
		' (Register	ed Agent's signati	ıre)		
11. Attached is	a certificate of exi	istence duly authentic	ated, not more t	har 90 days prior to de	livery of this annlicat	ion
to the Depa	rtment of State, by	the Secretary of Stat	e or other offici	al having custody of co	orporate records in the	)

jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS
Chairman: Bonner, Mark
Address: 5524 Lafleur Trail
Lithonia, Ga. 30038
Vice Chairman: Kltchen, Andrew
Address: 5524 Lafleur Trail
Lithonia, Ga. 30038
Director:
Address:
Director:
Address:
B. OFFICERS
President:Bonner, Mark
Address: 5524 Lafleur Trail
Lithonia, Ga. 30038
Vice President; Kitchen, Andrew
Address: 5524 Lafieur Trail
Lithonia, Ga. 30038
Secretary: Anderson, Jessica
Address: 5524 Lafleur Trail, Lithonia, Ga. 30038
Treasurer: Bonner, Davina
Address: 5524 Lafleur Trail, Lithonia, Ga. 30038
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  14. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
(Typed or printed name and capacity of person signing application)

Control No. 0366986

## 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

#### **MOMENTEMPS LTD**

#### **Domestic Non-Profit Corporation**

was formed or was authorized to transact business on 10/30/2003 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 30th day of September, 2008

Karen C Handel Secretary of State

Haun CHandel

Certification Number: 3162265-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp