# F080000004537

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W08-44720
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#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: LIMERICAN HOMEWORK INC
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Daniel P. Mayer (Name of Person)
American Homework Inc.
(Firm/Company)
PO BOX 5664
(Address)
Po Box 57elo (Address)  St. Marys GA 31558  (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Tot further information concerning this matter, please carr.
Daviel P. Mayer at (404) 808-6919 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section  Division of Corporations  New Filing Section  Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee \$\$ \$78.75 Filing Fee \$\$ Certificate of Status \$\$ Certified Copy \$\$ Certified Copy



## DE OCT 20 AM SE OS

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2008

DANIEL P. MAYER AMERICAN HOMEWORK INC P.O. BOX 5664 ST. MARYS, GA 31558

SUBJECT: AMERICAN HOMEWORK INC.

Ref. Number: W08000044726

We have received your document for AMERICAN HOMEWORK INC. and your check(s) totaling \$1220.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 708A00051798



Brian T. Crevasse Attorney at Law Direct Dial (904) 562-1065 bcrevasse@bacharagroup.com

October 17, 2008

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: American Homework, Inc.'s Application by Foreign Corporation for

Authorization to Transact Business in Florida - Designation of Registered

Agent

Letter No: 708A00051798

Dear Sir or Madam:

Enclosed please find the document which designates the registered agent which shall complete American Homework, Inc.'s application for authorization to transact business in Florida. Please call if you need any further information.

Sincerely,

Brenda J. deVaux, Paralegal

for Brian T. Crevasse

**Enclosures** 

### 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.

(Enter name of co	n Homework, Inc. prporation; must include "INCORPORAT prp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		,
me., co., co	orp, file, co, or corp. )				
(If name unavaila	ble in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting b	ousiness in Florida)	,
Georgia		_ 3.	58-2023091		_
(State or country i	inder the law of which it is incorporated)	_	(FEI number, if applica	ıble)	
. 3/17,	<sup>/</sup> 1992	5.	Perpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to ex	ist or "perpetual")	
01/01/20	006				
			Florida, if prior to registration)		
	·	J/.13	502, F.S., to determine penalty liability)		
105 Hall S	Street, St. Marys GA 31558				-
<b>D</b> O D	(Principal office	: addı	ress)		
P.O. Box 5	5664, St. Marys GA 31558				
	(Current mailing	; add	ress)		
Inoulation	Contractor				
	Contractor				
(Purpose(s	of corporation authorized in home state	or co	ountry to be carried out in state of Florid	(a)	
Name and stree	t address of Florida registered agent:	(P.C	D. Box NOT acceptable)	A:::: 88	
Name:	Brian T. Crevasse, Esq.			OSE TOP	· Pare
name:	Bachara Construction Law	, C1	COLD	TAS	
ffice Address:	One Independent Drive, S			- 1838 -	At the
	Jacksonville		, Florida <u>32202</u>		,
	(City)		(Zip code)	3: 34 STATE LORIB	W

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.

(Registered agent's signature)

<sup>11.</sup> 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
Chairman: Angela C Mayer
Address: PD BOX 57664
St. Marys 6A 31558
Vice Chairman: Daviel R. Mayer
Address: PO Box 5664
St. Marks GA 31558
Director:
Address:
Director:
Address:
· · · · · · · · · · · · · · · · · · ·
B. OFFICERS
President: Angela C Mayer
Address: PO Box 5664
St. Marys GA 31558
Vice President: Daniel P. Maye
Address: DD BOX 5664
St. Marys G-A 31558
Secretary: Angela C Mayer
Address: PO BOX 5664 St. Manys GA 31558
·
Address:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Danie V. Marx
(Signature of Director or Officer listed in number 12 of the application)
14. Daniel P. Mayel  (Typed or printed name and capacity of person signing application)
CAR CONTRACTOR CONTRAC

## 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

#### AMERICAN HOME WORK, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 03/17/1992 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 15th day of September, 2008

Karen C Handel Secretary of State

Haun CHandel

Certification Number: 3134210-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: LMG Address: \_\_ Vice Chairman: \_\_ Address: \_\_\_\_\_ Director: \_\_\_ Address: \_\_\_\_\_\_ Director: Address: \_\_\_\_\_\_ **B. OFFICERS** Address: \_\_ DO 13 Vice President: Address: Secretary: \_\_ MGC Manys Treasurer: Address: \_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

Control No. K206142

## STATE OF GEORGIA

### Secretary of State

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

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Karen C Handel Secretary of State

Kaun C. Handel

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