# F08000004594

. (Reque	stor's Name)	· · · · · · · · · · · · · · · · · · ·	
(Addres	ss)		
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(City/St	ate/Zip/Phone	e #)	
PICK-UP	] WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



10/02/08--01011--003 \*\*78.75

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SECRETARY OF STATE

WH

## LAW OFFICES OF SCOT B. COPELAND, P.L.

### ' 174 East Base Street Madison, Florida 32340

#### scotcopelandlaw@earthlink.net

Tel: (850) 973-4100

FAX: (850) 973-4194

October 22, 2008

Valerie Herring Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Class Associates, Inc.; a/k/a American Glass Associates of Tallahassee, Inc.; Ref. No. W08000045806

Dear Ms. Herring:

Enclosed please find the following documents: (1) original page 1 of Application by Foreign Corporation for Authorization to Transact Business in Florida; (2) copy of page 1 of Application by Foreign Corporation for Authorization to Transact Business in Florida; (3) original Resolution of Glass Associates, Inc., authorizing the alternate corporate name of "American Glass Associates of Tallahassee, Inc."; and (4) copy of October 3, 2008 letter.

If the application meets your approval, please process it and return confirmation to me.

I appreciate your assistance and understanding in this regard. Should you wish to discuss this matter, do not hesitate to contact me.

Very truly your

Scot B. Copeland

SBC/jw Enclosures

cc: Glass Associates, Inc. (w/o enclosures)

## **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: Glass Associates, Inc.			
(Name of corporation - must include suffix)			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," and check are submitted to retransact business in Florida.			
Please return all correspondence concerning this matter	to the following:		
Scot B. Copeland, Esq.			
(Name of	Person)		
Law Offices of Scot B. Copeland, P.L.			
(Firm/Cor	mpany)		
174 East Base Street			
(Addr	ess)		
Madison, Florida 32340	•		
(City/State a	und Zip code)		
For further information concerning this matter, please c	all:		
	973-4100		
(Name of Person) (Area C	Code & Daytime Telephone 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 \$\sqrt{S78.75 Filing Fee & Certificate of Status}	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy		



October 3, 2008

SCOT B. COPELAND, ESQ. 174 EAST BASE STREET MADISON, FL 32340

SUBJECT: GLASS ASSOCIATES, INC.

Ref. Number: W08000045806

We have received your document for GLASS ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6962.

Letter Number: 608A00052581

Valerie Herring Regulatory Specialist II New Filing Section

division of Compositions D.O. DOV 6297 Mellaharasa Florida 20214

## 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 o	sociates, Inc. corporation; must include "INCORPORATED corp.," "Inc.," "Co.," or "Corp.")	," "COMPANY," "CORPORATION,"		
(If name unavail	can Glass Associates of able in Florida, enter alternate corporate name	e adopted for the purpose of transacting busing	ness in Florida)	
<sub>2.</sub> Georgia		90-0224938		
-	under the law of which it is incorporated)	(FEI number, if applicable	)	
<sub>4.</sub> August 27	<sup>7</sup> , 2004 <sub>5</sub> ,	<sub>s,</sub> Perpetual		
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
<sub>6.</sub> N/A	The state of the s			
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
<sub>7</sub> 215 West	Savannah Avenue, Valdösta	i, Georgia 31601		
	(Principal office add			
P.O. Box	1144, Valdosta, Ġeorģiak31@	103 m in	-	
	(Current mailing add			
$_{8}$ Any and a	Ill lawful purposes, including	glass sales and installation	ı	
	s) of corporation authorized in home state or c			
9. Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	·	
Name:	Scot B. Copeland, Esq.		FE 8	
Office Address:	174 East Base Street	*	OCT 2	
e .	Madison	, Florida 32340 (Zip code)	23 ARY ASSEE	i nestere
	(City)	(Zip code)		
Having been nam designated in this further agree to c	gent's acceptance:  ned as registered agent and to accept serv application, I hereby accept the appoint comply with the provisions of all statutes is with and accept the obligations of my po	ice of process for the above stated corpo ment as registered agent and agree to a relative to the proper and complete perfo ssition as registered agent.	et in this capaci	ity. I
	(Registered agent's signature	1		

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.

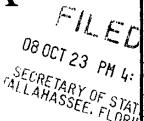
• '	
12. Names and business addresses of officers and/or directors:	FILED
A. DIRECTORS	
Chairman: Spencer Dawkins	08 OCT 23 PM 4:11
Address: P.O. Box 1144	SECRETARY OF STATE FAILLAHASSEE, FLORIDA
Valdosta, Georgia 31603	
Vice Chairman: David Wayne Barry	
Address: P.O. Box 1144	
Valdosta, Georgia 31603	
Director: Lonnie Wayne Dawkins	
Address: P.O. Box 1144	
Valdosta, Georgia 31603	
Director: William Larry Clanton	
Address: P.O. Box 1144	
Valdosta, Georgia 31603	
B. OFFICERS	
President: Spencer Dawkins	
Address: P.O. Box 1144	***************************************
Valdosta, Georgia 31603	
Vice President: David Wayne Barry	
Address: P.O. Box 1144	
Valdosta, Georgia 31603	
Secretary: William Larry Clanton	
Address: P.O. Box 1144, Valdosta, Georgia 31603	
Treasurer: Lonnie Wayne Dawkins	
Address: P.O. Box 1144, Valdosta, Georgia 31603	
NOTE: If necessary, you may attach an addendum to the application listing add	itional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the	e application)
Spencer Dawkins, President and Director	1
(Typed or printed name and capacity of person signing a	ipplication)

Control No. 0451425

## 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

## GLASS ASSOCIATES, INC.

### **Domestic Profit Corporation**

was formed or was authorized to transact business on 08/27/2004 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 August, 2008

> Karen C Handel Secretary of State

Haun CHandel

Certification Number: 3078415-1 Reference:

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