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Special Instructions to Filing Officer:		
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COVER LETTER

TO: New Filing S Division of C			
SUBJECT:	ND SOLUTIONS IN	C	
	(Name of corpo	ration - must include suffix)	
Dear Sir or Madam:			
	ation by Foreign Corporation nee," and check are submitted lorida.		
Please return all corre	spondence concerning this ma	atter to the following:	
JACK W	OODHAM		
		ne of Person)	
MD SOL	LUTIONS INC		
	(Firm	n/Company)	
7922 V	ETERANS PKWY		····
	(1	Address)	7. 2
Columbi	15 ba 31909		
	(City/St	ate and Zip code)	AAR
For further information concerning this matter, please call:		26 PHI2:	
JACK WO	rson) at (<u>\OC</u>	10 <u>323 - 620</u> rea Code & Daytime Telepho	1 2 2
New Filing So Division of C Clifton Buildi	orporations ing ve Center Circle	MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclosed is a check for	or the following amount:		
7 \$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

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,	MO SOLUTIONS INC.	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
	MD SOLUTIONS Inc. (Georgia)	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2		
۷.	(State or country under the law of which it is incorporated) 3. 58-231217 (FEI number, if applicable)	
4	4/24/1994 5. PERPETUAL	
т.	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.		
٠.	(Date first transacted business in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7.	1922 VETEKANS PKWY COLUMBUS 6A 31909	
	(Principal office address)	
	SAME AS ABOVE	
	(Current mailing address)	9:14:
	GAME AS ABOVE (Current mailing address) APP AR SALES & SERVICE OF COMPUTER SYSTEMS	COLUMN CO
8.	JACES BACTICO OF COMPATE OF STEMES	granjar.
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)] #
9.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	Echan C
	Name: LASA - NA LLC	
0	ffice Address: 841 Prudential Drive, 12th Floor	
	Jacksonville, Florida 32207 (City), Florida (Zip code)	
	(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. 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)

- 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 Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address: **B. OFFICERS** President: JAK M WOODHAM JR Address: 200 SWEETWATER DR CATAULA LA 31804 Vice President: Address: Secretary: LANA (WOODHAM) Address: 200 SWEETWATER DR CATALLA GA 31804 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)

JACK M WOODHAM IR PRESIDENT

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

Secretary of State Business Information and Services Suite 315, West Tower 2 Martin Tuther King Ir. Ar. Atlanta, Georgia 30334-1530

CONTROL NUMBER: 9614258 EFFECTIVE DATE: 04/24/1996 : MUSCOGEE COUNTY REFERENCE : 0107

PRINT DATE : 05/02/1996

FORM NUMBER : 311

PHILIP J. JOHNSON P.O. BOX 2552 COLUMBUS GA 31902

CERTIFICATE OF INCORPORATION

I, the Secretary of State and the Corporation Commissioner of the State of Georgia, do hereby certify under the seal of my office that

M.D. SOLUTIONS, INC. A DOMESTIC PROFIT CORPORATION

has been duly incorporated under the laws of the State of Georgia on the effective date stated above by the filing of articles of incorporation in the office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.

SECRETARY OF STATE

