# F05000001213

(Re	equestor's Name)	<del></del>		
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)	<del></del>		
Certified Copies	_ Certificates	of Status		
Special Instructions to I	Filing Officer:			





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### TRANSMITTAL LETTER

то:	Registration Sec Division of Cor				,			
SUBJI	ECT: MWT MA	NAGEMENT INC						
		(Name	of corporat	ion - must	include suffix)			
Dear Si	r or Madam;							
"Certifi		ion by Foreign Co e," and check are a rida.						
Please i	return all corresp	ondence concerni	ng this matte	er to the fo	ollowing:			
ELAINE	MCMANUS							
			(Name	of Person)				
MWT M	MANAGEMENT	NC. D/B/A WILLIA			MERICAN EXF	PRESS		
			(Firm/C	ompany)				
1830 V	ATER PLACE S	SUITE 100	<del> </del>	<del></del>	<del></del> .	<del></del>	_ ( <u> </u>	202
			(Ad	dress)			AL.	<u>7</u>
ATLAN	TA GA 30339						<u>≩:</u>	<u>당</u> 기
			(City/State	and Zip	code)		(V.)	, v
For furt	ther information	concerning this m	atter, please	call:			E, FLOI	F. 6.
ELAINE	EMCMANUS		at (770	) 933	-2000 x234			: <b>`&amp;</b> `
	(Name of Perso	on)		Code &	Daytime Teleph	one Number)		
	STREET ADD Registration Sec Division of Cor 409 E. Gaines S Tallahassee, FL	ction porations It.			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7		
Enclose	d is a check for	the following amo	unt:					
Ĺ \$70.	00 Piling Fee	2 \$78.75 Filing Certificate of			Filing Fee & ed Copy		Filing Fe cate of S ed Copy	tatus &

#### 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.

. MWT MANAG	EMENT INC.		
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
(If name unavai	lable in Florida, enter alternate corporate name	e adonted for the nurnose of transacting busi	ness in Rlavida)
GEORGIA	3	50.4500000	noss III i Torida)
	under the law of which it is incorporated)	(FEI number, if applicable	)
AUGUST 198	4 5.	UNKNOWN	
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
JANAURY 1,	2004	•	
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
1830 WATER F	PLACE SUITE 100 ATLANTA GA 30339	<u> </u>	
	(Principal office ad	iress)	
1830 WATER I	PLACE SUITE 100 ATLANTA GA 30339		
	(Current mailing ad	dress)	FEB 25 AN
TRAVEL AGE	NCY		25
(Purpose(	s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)	F., 3
. Name and stre	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	EE, I LOR
Name:	ROLAND C WILLIAMSON		(a)
	10601 SAN JOSE BLVD #213		- (1
Mice Address:	10001 SAN JOSE BLVD #213	<del></del>	
Office Address:	JACKSONVILLE	, Florida	

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;

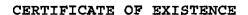
A. DIRECTORS	
Chairman: ROLAND C WILLIAMSON	
Address: 2213 WOOD GLEN LANE, MARIETTA GA 30067	
Vice Chairman:	
Address:	
	<del></del>
Directors	
Director:	
Address:	<del></del>
	<del></del>
Director:	22
Address:	T. T.
	<del></del>
B. OFFICERS	SAL E
President: ROLAND C WILLIAMSON	
Address: 2213 WOOD GLEN LANE, MARIETTA GA 30067	
Vice President:	
Address:	
·	
Secretary:	
Address:	
Treasurer:	<del></del>
Address:	
NOTE: M necessary, you may attach an addendum to the application listing additional offic	ers and/or directors
13. Oland ( Mullan ) (Signature of Director or Officer listed in number 12 of the application	n)
14. BILAND C. WILLIAMANN	•
(Typed or printed name and capacity of person signing application)	<del></del>

## Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 050470820
CONTROL NUMBER : J405466
DATE INC/AUTH/FILED: 04/05/1984
JURISDICTION : GEORGIA
PRINT DATE : 02/16/2005

FORM NUMBER : 211

MWT MANAGEMENT, INC. ELAINE MCMANUS 1830 WATER PL STE 100 ATLANTA, GA 30339



I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## MWT MANAGEMENT, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. 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 abovenamed 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.



July Cop

Cathy Cox Secretary of State