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660 East Jefferson Street			
Tallahassee, FL 32301 Tel 850 222 1092			
Fax 850 222 7615		1000031326 -02/11/00010	316)76001
Attn: Jeff Netherton		*****70.00	****70.00
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		1000031326 -02/11/0001	076003
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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.	ELTRAX HO	SPITALITY GROUP, INC	,				
	(Name of corp words or abbre	oration; must include the vertical or line	vord "INCORPORATED", anguage as will clearly indi	"COMPANY"	, "CORPORATION" or	· .	ভ ১৯৪ সেল সি টি স <i>ল</i> লি ট
	natural person	or partnership if not so con	ntained in the name at prese	ent.)	corporation histead of a		
2.	Georgia			58-1386264		<u> </u>	, to the control of t
	(State or countr	y under the law of which i	t is incorporated)	(FE	I number, if applicable)		
4.	January 7, 198		5. perpetual	18. (Proposition 1.7.2)	<u> </u>	<u> </u>	,
	(Da	te of incorporation)	(Duration	: Year corp. w	ill cease to exist or "perpe	etual") 📆 🚉	را بسار
6.	Upon filing				<u> </u>	بنان دن مورد مرکز	100 mg
	(Date firs	st transacted business in Fl	orida.) (SEE SECTIONS 6	07.1501, 607.1	502 and 817.155, F.S.)	70	
7.	900 Circle 75 l	Parkway, Suite 1700, Atlai	nta, GA 30339	.1 .	<u>a priti stanjo, spitirsto ariajo ja karioto ar</u>	子	200
		(Current mailing address)		2-	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	F
8.			y solutions for the hospitali		1 10 ¹²		المتقددة كقدار فالأدران والماريقات
	(Purpose	(s) of corporation authoriz	ed in home state or country	to be carried o	ut in state of Florida)		Stran week the restriction
9.	Name and st	reet address of Florida	registered agent: (P.O	. Box or Mail	Drop Box NOT accep	table)	
						,	
	Name:	C T Corporation System		· · · · · · · · · · · · · · · · · · ·	h		·
O	ffice Address:	1200 South Pine Island F	Road	and the second s	a legal of the control of the contro		on on Automica va
		Plantation		101: 1 - 22	224		
		Flantation		Florida, <u>33</u> , Zin	524 code)	-	
				(21 p	0000)		
10). Registered	agent's acceptance:					
H	avina hoon nam	ed as registered agent and	l to accept service of proces	ss for the above	o stated comparation at th	a mlaaa daainu m	4 a al 2
thi	is application, I	hereby accept the appoint	tment as registered agent a	nd agree to act	t in this capacity. I furth	er agree to com	ply
		s of all statutes relative to my position as registered	the proper and complete p	erformance of	my duties, and I am fam	iliar with and a	ccept
****		ny posmon no registrous	MA CIPPO				

ACST. VICE PIZES.

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.

(Registered agent's signature) MARCA. GIUIS

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

C T Corporation System

	ECTORS (Street address only - P.O. Box NOT acceptable) in: Clunet R. Lewis	
	: 900 Circle 75 Parkway, Suite 1700	
	Atlanta, GA 30339	
Vice Cha	airman:	
Address:		18.77407 <u> </u>
Director:	•	2
Address:		DE SEE
		日
Director:		
		ري ²²
		12
B. OFF	FICERS (Street address only - P.O. Box NOT acceptable)	
President	t: Clunet R. Lewis	
Address:	900 Circle 75 Parkway, Suite 1700	
	Atlanta, GA 30339	
Vice Pres	sident:	
Address:		and the second s
Secretary	y: Clunet R. Lewis	······································
Address;	900 Circle 75 Parkway, Suite 1700	
	Atlanta, GA 30339	
Treasurer	r: Clunet R. Lewis	. 13 eF
Address:	900 Circle 75 Parkway, Suite 1700	
	Atlanta, GA 30339	
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. Clun	net R. Lewis, President Device 1. 12/3/1499 (Typed or printed name and capacity of person signing application)	

Secretary of State

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

DOCKET NUMBER : 000240174
CONTROL NUMBER : J000092
DATE INC/AUTH/FILED: 01/07/1980
JURISDICTION : GEORGIA
PRINT DATE : 01/24/2000

FORM NUMBER : 211

CT CORPORATION SYSTEM

PATTIE HARDY

1201 PEACHTREE STREET, NE

ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

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

ELTRAX HOSPITALITY GROUP, 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.



Cathy Cox Secretary of State