F00000004475

TRANSMITTAL LETTER

To:

Registration Section

Division of Corporations	
SUBJECT: Ultimate Groumobiles, 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: Sharon Kaspar — 108/03/00-01077-009 (Name of Person)	3
() (timate Gromobiles, Inc. (Firm/Company)	15
2070 Atric Parkway, Suite 401 (Address)	 .
(Address) Kenne Saw, Georgia 30150 (City/State/Zip) ARE AREA TO THE SAME TO THE SAME AREA TO THE SAME ARE	
Should you need to call someone concerning this matter, please call:	
(Name of Person) at (170) 578-8107 37 37 37 37 37 37 37 37 37 37 37 37 37	
Name 8/3/CO Availability TREET ADDRESS: MAILING ADDRESS:	
Document Examiner Registration Section Division of Corporations Uprior 409 E. Gaines St. Registration Section Division of Corporations P.O. Box 6327	
Under 409 E. Gaines St. Tallahassee, FL 32399 Under Vendor Enclosed is a check for the following amount:	
Actus independent for the Status Certificate of Status &	
W. P. Verifyer UCC Certified Copy	

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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. Ul timate Genanobiles, Incorporated	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a	
natural person or partnership if not so contained in the name at present.)	
2. <u>Georgia</u> 3. 58-2017855	
2. (State or country under the law of which it is incorporated) 3. 58-2017855 (FEI number, if applicable)	
4. 01/08/1992 5 0000000	
4. O1/08/1992 (Date of incorporation) 5. Occording (Duration: Year corp. will cease to exist or "perpetual")	
6. UPON QUALIFICATION	. ,
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualificat (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	ion.")
7. a. 351 Interstate Court, Unit 6, Sarasota, FL 346 (Principal office address)	\$40
b. Same	<u> </u>
(Current mailing address)	<u> </u>
	ى
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	۵
Name: Sharon Kaspar	
Office Address: 351 Interstate Court, Unit 6	
Sarasota, porida 34240 (Zip code)	
(Zip code)	
0. Registered agent's acceptance:	
Taving been named as registered agent and to accept service of process for the above stated corporation at the place de n this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agre omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am famil and accept the obligations of my position as registered agent.	- 4-

of which it is incorporated.

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

A. DIRECTORS	
Chairman: BROCE KASPER	
Address:	
Vice Chairman: SHARW KASPER	
Address:	
Director:	
Address:	
Director	—
Director:	
Address:	_ -
B. OFFICERS	_
President: BRUCE KASPER	
Address: 20202 7/St Angua Cart	
Address: 20303 7/St Avanue Egyt 25 = = Brodenton, Fl 34202	<u></u> -
	-
Vice President:	
Address:	
Secretary: SHARON KASPER	= =
Address: 20303 7/St Avenue Egst	
Begdenton, FL 34202	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	_
0. 13	
13. Shear Kager (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
11 SHAPPAL KASPER	-

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

12. Names and business addresses of officers and/or directors:

Secretary of State

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

DOCKET NUMBER : 002010642 CONTROL NUMBER : K202358 DATE INC/AUTH/FILED: 01/08/1992 JURISDICTION : GEORGIA PRINT DATE : 07/19/2000 FORM NUMBER

SHARON KASPER 1658 CHARITY COURT MARIETTA, GA 30066

CERTIFICATE OF EXISTENCE

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

ULTIMATE GROOMOBILES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized 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. In the Line was all the state of the

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-facile evidence that said entity is in existence or is authorized to transact business in this state.



Secretary of State