

F00000004574

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: MULTI FAMILY SERVICES, INC dba MFS OF GEORGIA CORP.
(Name of corporation - must include suffix)

Dear Sir or Madam:

900003348399--2
-08/08/00--01009--002
*****87.50 *****87.50

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:

C. BOYD EDGERTON
(Name of Person)
MULTI FAMILY SERVICES, INC
(Firm/Company)
4901 OLDE TOWNE PKWY, Suite 125
(Address)
MARIETTA, GA 30068
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

BOYD EDGERTON at (770) 973-3321
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Availability	STREET ADDRESS:
Document Examiner	Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399
Updater	Enclosed is a check for the following amount: DCC
Updater Verifier	<input type="checkbox"/> \$70.00 Filing Fee <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy <input checked="" type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

F00000004574

MINUTES OF
SPECIAL MEETING OF
THE BOARD OF DIRECTORS
OF
MULTI FAMILY SERVICES, INC.

The special meeting of the Board of Directors of the above captioned Corporation was held on the date, time, and place set forth in the written waiver of notice signed by all the Directors, fixing such time and place, and prefixed to the minutes of this meeting.

All the members of the Board of Directors were present.

Whereas, The Corporation desires to do business in the state of Florida.

However, the name Multi Family Services, Inc is not available for registration with the Secretary of State.

Now therefore, be it resolved to adopt a dba for purposes of conducting business in Florida as follows.

To adopt either:

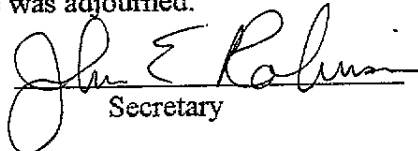
~~A. Multi Family Services of Georgia Corporation, or~~

B. MFS of Georgia Corporation

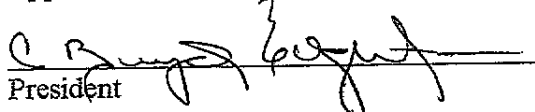
whichever is deemed to be acceptable to the Florida Secretary of State.

All members of the Board of Directors unanimously agreed to this resolution and it was so granted.

There being no further business to come before the meeting, upon motion duly made, seconded and unanimously carried, the same was adjourned.


Secretary

Approved:


President

Corporate Seal

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**WAIVER OF NOTICE OF SPECIAL MEETING
OF THE
BOARD OF DIRECTORS
OF
MULTI FAMILY SERVICES, INC.**

WE, the undersigned, being all of the Directors of the Corporation, hereby agree and consent that the notification of this special meeting of the Board of Directors of the Corporation be held on the date and time and at the place designated hereunder, and do hereby waive all requirements of notice whatsoever of such meeting and of any adjournments thereof.

We do further agree and consent that any and all lawful business may be transacted at such meeting or at any adjournment or adjournments thereof as may be deemed advisable by the Directors present thereat. Any business transacted at such meeting or at any adjournment or adjournments thereof shall be as valid and legal and of the same force and effect as if such meeting or adjourned meeting were held after notice.

Place of meeting:	4901 Olde Towne Parkway, Marietta, GA
Date of meeting:	June 1, 2000
Time of meeting:	9:00 a.m.
Purpose of meeting:	Adopt a resolution to conduct business in Florida

Dated: June 1, 2000

Corporate Seal


Director


Director

**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. MULTI FAMILY SERVICES, INC dba MFS OF GEORGIA CORPORATION
(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. GEORGIA 3. 58-1945379
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/12/1991 5. PERPETUAL
(Date of incorporation) (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 qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 4901 OLDE TOWNE PKWY, SUITE 125, MARIETTA, GA 30067
(Principal office address)
b. SAME
(Current mailing address)
8. GENERAL BUILDING CONSTRUCTION, REAL ESTATE DEVELOPMENT
(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)
Name: CLINT A HARKINS
Office Address: 169 SABAL DR.
FT. MYERS BEACH, Florida 33931
(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.

Clint A Harkins

(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.

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TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: C. BOYD EDGERTON

Address: 1950 CLINTON DR.
MARIETTA, GA 30062

Vice Chairman: _____

Address: _____

Director: JOHN E. ROBINSON

Address: 2996 NESTLE CREEK DR
MARIETTA, GA 30062

Director: _____

Address: _____

B. OFFICERS

President: C. BOYD EDGERTON

Address: 1950 CLINTON DR
MARIETTA, GA 30062

Vice President: _____

Address: _____

Secretary: JOHN E ROBINSON

Address: 2996 NESTLE CREEK DR.
MARIETTA, GA 30062

Treasurer: (SAME AS SECRETARY)

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. C. Boyd Edgerton
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. C. BOYD EDGERTON, PRESIDENT
(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 : 001880098
CONTROL NUMBER : K110512
DATE INC/AUTH/FILED: 06/12/1991
JURISDICTION : GEORGIA
PRINT DATE : 07/06/2000
FORM NUMBER : 211

MULTI FAMILY SERVICES, INC.
JOHN ROBINSON
4901 OLDE TOWNE PKWY STE 125
MARIETTA, GA 30068

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

MULTI FAMILY SERVICES, 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 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.



Cathy Cox

Cathy Cox
Secretary of State

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TALLAHASSEE, FLORIDA