# E00000005267

### TRANSMITTAL LETTER

To: Qualification/Tax Lien Section		
Division of Corporations	•	
A		
SUBJECT: Accent Acquisitions I, Co.		. 4. <b>2. 2.</b>
(Name of corpora	ation - must include suffix	<u> </u>
Door Sin on Maden	. <u>-</u>	-09/18/0001124007 *****78.75 *****78.75
Dear Sir or Madam:		A CONTROL OF TO AMERICAN FOR TO
The enclosed "Application by Foreign Corporation f "Certificate of Existence", and check are submitted to transact business in Florida.	For Authorization to Transact But to register the above referenced	usiness in Florida", foreign corporation
Please return all correspondence concerning this mat	tter to the following:	
Mr. Steven A. Cunningham		
	of Person)	
`	,	
(Y): (/		<u> </u>
(Firm/C	Company)	
Suite 220, 5895 Windward	Parkway	
(Ac	ldress)	<del></del>
Alpharetta, GA 30005		
	State/Zip)	ليوسر <u>ن هي</u> النظام الدين الأسياب الأسياب التي التي التي التي التي التي التي التي
(City/S	state/Zip)	•
Should you need to call someone concerning this mat	tter, please call:	
		2.7.1 0
	) 754-6140 a Code & Daytime Telephone N	Institution ( )
(Files	a Code & Daytille Telepholie N	FTAR ETAR
STREET ADDRESS:	35177 7370 1 777	o F
SIRLEI ADDRESS:	MAILING ADDRESS:	PS € D
Qualification/Tax Lien Section	Qualification/Tax Lien Sect	ion SA &
Division of Corporations	Division of Corporations	22 IDA
409 E. Gaines St.	P.O. Box 6327	- 10
Tallahassee, FL 32399	Tallahassee, FL 32314	I and
Enclosed is a check for the following amount:		ml 587.50 Filing Fee, 9/20
zono nimb announce		0.1
□ \$70.00 Filing Fee	Certified Copy	\$87.50 Filing Fee, 1/20 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.	(Name of corpor words or abbrev	equisitions I, Co. ation; must include the word fations of like import in langure partnership if not so contains	age as will clearly	indicate that it is	", "CORPOR a corporation	RATION" or a instead of a	<del></del>
2.	Georgia			3.			
	(State or country	under the law of which it is in	corporated)	(F	EI number, i	f applicable)	
	•		_				
4.	<del>3/17/00</del>	of incorporation)	5	Perpetual		exist or "perpetual")	<del></del>
	(Date	or incorporation)	(Dura	tion: Tear corp.	will cease to	existor perpetuar)	
6.		Upon Qualification					
	(Date first	upan Qualification transacted business in Florida	a.) (SEE SECTION	IS 607.1501, 607.	.1502 and 81	7.155, F.S.)	
_	G	00 F00F 172 1 1 70					
7.	Suite 22	20, 5895 Windward Par	rkway	<u></u>		100	<del></del>
	Alpharet	ta, GA 30005					
			ent mailing addres	s)			
							-
8.	Domonts	DmoEst				7× 0	•
٥.	<u>Domestic</u> (Purpose(s	of corporation authorized in	home state or cou	intry to be carried	out in state of	of Florida)	-
	· -	- -					
9.	Name and stre	eet address of Florida reg	istered agent: (	P.O. Box or Ma	iil Drop Bo	x NOT acceptable)	
		OT 0	_			) HE C	'n
	Name:	CT Corporation Sy	ystem				
^	ffice Address:	1200 South Pine	Island Road				
U	ffice Address.						
		Plantation		, Florida, _	33324	>∨	
	•			, (Zi	p code)	<u> </u>	
				•			
10	). Registered a	gent's acceptance:					
th w	is application, I h th the provisions	d as registered agent and to a sereby accept the appointment of all statutes relative to the sy position as registered agentally.	it as registered age proper and compl	ent and agree to d	act in this cap	pacity. I further agre	ee to comply
			gistered agent's sig	gnature)			**************************************

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 of

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)		
Chairman: L. Scott Demerau		<u>"</u>
Address: Suite 220 5895 Windward Parkway		
Alpharetta, GA 30005		· . <del></del>
Vice Chairman:		
Address:		
Director:		
Address:	<del></del>	<u> </u>
		· <u>k 3.2</u> °
Director:	<u> </u>	
Address:		
B. OFFICERS (Street address only - P.O. Box NOT acceptable)		
President:		
Address: Suite 220, 5895 Windward Parkway	SEC TAL	
Alpharetta, GA 30005		7
Vice President:	CO Alle	
	÷ ~	
Address:	SE 6	
	> \	
Secretary: Betty L. Sullivan		
Address: Suite 220, 5895 Windward Parkway		<u>:</u> .
Alpharetta, GA 30005	<u> </u>	·- <u>-</u>
Treasurer:		
Address:		
	••	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors	<del></del>
	uncciors.	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	lication)	
14. L. Scott Demerau, Bethy U. Sullivan		
(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 : 002280860 CONTROL NUMBER : 0012883 DATE INC/AUTH/FILED: 03/17/2000 JURISDICTION ---: GEORGIA : 08/15/2000

FORM NUMBER : 211

PRINT DATE

KUTAK ROCK LLP STEPHANIE DECKER 225 PEACHTREE ST NE STE 2100 ATLANTA, GA 30303

#### 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

#### ACCENT ACQUISITIONS I, CO. 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 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 Mether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up other similar document has been filed or is pending with the servetary 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.



Secretary of State