FOCASION Division of Corporations

TO:

SUBJECT: JPM Investment Group, 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 comporation to transact business in Florida.
To transact business in Florida. Please return all correspondence concerning this matter to the following: Robert M. Lyerly (Name of Person) Amundsen Moore & Torpy, Attorneys at Law (Firm/Company)
Robert M. Lyerly
(Name of Person)
Amundsen Moore & Torpy, Attorneys at Law
(Firm/Company)
202 N. Harbor City Blvd., Suite 300
(Address)
Melbourne, FL 32935
(City/State and Zip code)
For further information concerning this matter, please call: 400034098141 -03/23/0001054020 ******87.50 ******87.50
Robert M. Lyerly at (321) 255-2332 25 8
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. RAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy 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.

Ι.		<u>estment Grou</u>							# 45
			le the word "INCO						
			ort in language as v			a corporation i	nstead of a		
	natural person	or partnership if no	t so contained in the	e name at prese	nt.)				
							를 SS	6	
2.					58-25				
	(State or count	ry under the law of	which it is incorpo	rated)		(FEI number, if	applicab 2	蜀門	
4.	Januarv	21, 2000		5.	Pern	etual	SSE	29 29	
		te of incorporation)				se to exist on pe	rpetual")	
	`	•		,			-T	で達し	
6.	Upon Ou	alification					5	i no	-
	(Date first trans	acted business in F	lorida. If corporation	on has not trans	acted busine	ss in Florida, in	sert "upon auali	fication?")	
	•		(SEE SECTIONS					တိ	
			•	,		, ,			
7.	8080 Mi	lford Rd., G	ainesville, (SA 30506				-	
				office address)					- ·
			` -	,					
	Same	-	-	#			-		
			(Current ma	ailing address)					
8.	Perform	any lawful k	ousiness						د.
	(Purpose	(s) of corporation a	uthorized in home:	state or country	to be carried	i out in state of	Florida)		,,,
				-			•		
9.	Name and str	reet address of F	lorida registered	i agent: (P.O	. Box or M	ail Drop Box	NOT acceptable	le)	
	_							,	
	Name:	Robert M.	Lvorly						
	1 10022		_ <u></u>		•				
Λ.	ffice Address:	202 N Hav	char City Dly	أعداد المر	200				
V.	ince Address.	ZUZ N. Dar	cbor City Blv	d., Suite	. 300				
		N/ - 7 l			101				
		Melbourne		·	,, Florida _				
		(C	City)			(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.

(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. DIREC	TORS	
Chairman: _	John P. Michaels	F 45
Address:	8080 Milford Rd.	
	Gainesville, GA 30506	158
ice Chai rm	ian:	E SE T
		29 E
 Director:	· · · · · · · · · · · · · · · · · · ·	
\ddress:		
Director:		
		·
3. OFFIC	ERS	
resident: _	John P. Michaels	
ddress:	8080 Milford Rd.	
	Gainesville, GA 30506	
ice Preside	ent:	
ddress:		
_		
ecretary: _		
ddress:		
reasurer: _		
ddress:		<u> </u>
^	necessary, you may attach an addendum to the application listing additional	al officers and/or directors.
3	(Signature of Chairman, Vice Chairman, or any officer listed in numb	er 12 of the application)
4.	John P. Michaels, President	
*	(Typed or printed name and capacity of person signing applic	ation)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 002660960 CONTROL NUMBER : 0004087 DATE INC/AUTH/FILED: 01/21/2000

JURISDICTION : GEORGIA
PRINT DATE : 09/22/2000

FORM NUMBER : 211

AMUNDSEN MOORE & TORPY
RICHARD E. TORPY
202 N. HARBOR CITY BLVD STE 300
MELBOURNE, FL 32935

FILLU 00 SEP 29 PM 2: 08 SECRE LARY OF STATE TALLAHASSEE, FLORIDA

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

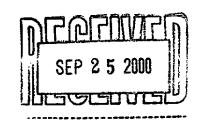
JPM INVESTMENT GROUP, INC. A DOMESTIC PROFIT CORPORATION

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