F00000005897

TRANSMITTAL LETTER

To:	o: Registration Section Division of Corporations					
SUBJE	ECT∙	SPACE	WALL 1	NEST, I	NC.	
CODIL				ıst include suffix		
Dear S	ir or Madam:					
"Certif		on by Foreign Corpor ", and check are subnida.				
Please	return all corresp	ondence concerning th	is matter to the	following:		
		Carol N	rills	OC	00003430 10/19/00	0 090 5 01081012
		Carol n	(Name of Person	n)	*****70.00	
		Space	wall We	IST, INC		
	**************************************		(Firm/Company)		•
		4509 S	lanegate	: Indust	rial Blud 30097	
			(Address)			
		Stone	Mountai	n GA	30097	
			(City/State/Zip)			
Should	you need to call	someone concerning t	his matter, pleas	e call:	SEC TALI	3
	Parol Mi	a. L	404) =	294-956 & Daytime Telep	4 AHAS	FLE
	(Name of Perso	n)	(Area Code	& Daytime Telep	phone Number)	5 [T
					F ST F ELC	
STREE	ET ADDRESS:		MAI	LING ADDRES	ATE ORIDA	: :
Registration Section Division of Corporations 409 E. Gaines St.			Divis	Registration Section Division of Corporations P.O. Box 6327		intu 10/23
Tallahassee, FL 32399				Tallahassee, FL 32314		10/23
Enclose	ed is a check for the	ne following amount:				· · ·
\$70.00 Filing Fee Some Sertificate of State				5 Filing Fee & fied Copy	S87.50 Filing Certificate of	f Status &

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.	SPACEWALL WEST, INC
	(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 (State or country under the law of which it is incorporated) 3. 58-1732576 (FEI number, if applicable)
4.	(State or country under the law of which it is incorporated) (FEI number, if applicable) 1986 5. Perpetual
6.	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") Upon qualification
0.	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
7.	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (CORPOFFICE a. 4509 Stonegate Industrial Blud Stme Mountain GA 30097 (Principal office address) (LOCAL OFFICE
	(Principal office address) (LOCAL OFFICE b. 4750 221 N. 38th St. TAMPA FZ 33605 (Current mailing address)
8.	Manufacture Slatwall
9.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida S Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Bill Cox
Of	fice Address: 2211 N. 38 L.
	Tampa , Florida <u>@33605</u>

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. DIRECTORS Chairman: HL Johnson Address: 2550 Millwater Crossing Dacula GA 30019 Vice Chairman: Gary B Mills

Address: 2980 Sugarloaf Club Th Director: (are | M mills asabore Address: President: Gary B Mills Vice President: Address: Secretary: Carol M Mills 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) CAROL M MILLS SEC/TREAS
(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 : 002731031
CONTROL NUMBER : J702109
DATE INC/AUTH/FILED: 11/14/1986
JURISDICTION : GEORGIA
PRINT DATE : 09/29/2000

FORM NUMBER : 211

SPACEWALL WEST, INC.
ATTN: CAROL MILLS
4509 STONEGATE INDUSTRIAL BLVD
STONE MOUNTAIN, GA 30083

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 ___

SPACEWALL WEST, 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 of 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