# F00000006762

#### TRANSMITTAL LETTER

Division of Corporations		
SUBJECT:JAF, INC.		
(Name of co	orporation - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corpora "Certificate of Existence", and check are submit to transact business in Florida.	tion for Authorization to Transa itted to register the above referen	ct Business in Florida", nced foreign corporation
Please return all correspondence concerning this	is matter to the following:	3000034434530 -11/02/0001110003 ******70.00 ******70.00
(2)	Name of Person)	10100
MINERVA REAL E		W-24695
	irm/Company)	_
4401 NORTHSINE	- MARWAY SU	ITE 260
A - A	(Address)	
ATVANTA, 6A	20327	
. (City	/State and Zip code)	<del></del>
For further information concerning this matter, p	please call:	<b>00</b> SE TAI
(Name of Person) at (	404, 726 762	- CRET
(Name of Person)	(Area Code & Daytime Telepho	ne Number)
		mo M
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	S TE 4.
Enclosed is a check for the following amount:		12/1
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status		S87.50 Filing Fee, Certificate of Status &



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 8, 2000

CHRISTI JOHNSON 4401 NORTHSIDE PKWY, STE 260 ATLANTA, GA 30327

SUBJECT: JAF, INC. Ref. Number: W0000026695

We have received your document for JAF, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, viceo chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 100A00057805

# RESOLUTION OF BOARD OF DIRECTORS (Please print or type)

<u>-</u>	
I the undersigned JOSEPH L. HARRIS, do hereby certify	
I, the undersigned (Name)	
a. D. J. F. Directors of	
that this Resolution of the Board of Directors of	
JAF, INC.	
(Corporate Name)	
a corporation duly organized and existing under the laws of the State of GOOGIA,	
was duly adopted on NOVEMBER 27 _20 00	-15
was duly adopted on	. 200
Be it resolved, that, (Corporate Name)	•
= organized and existing in the State of	
JAF (OF GEORGIA), INC. for use in HandaS	
ALIA DEC	П
	- ا
	ļΠ
Dated: 11/27/00	
	· ·
Signature of either Chairman, Vice Chairman or any officer	
Signature of either Chairman, Vice Signature of either of either either of either chai	
	-r <sub>0</sub>
JOSEPH L. HARRIS	•

INHS19(1/00)

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1 JAF, 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. Grate or country under the law of which it is incorporated)  State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if applicable)
(FEI number, if applicable)
4. 9/20/00 5. PENPETUAL (Duration: Year corp. will cease to exist or "perpetual")
(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. <u>Oh MINDRIA PEAL ESTATE</u> INVESTMENTS (Principal office address)
(Principal office address)
Grand SUITE 260
8. OWNERSHIP OF REM ESTATE.  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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: VERGUER, JON C. ESQUIRE
Office Address: LOWNDES, DROSDICK, DOSTER, KANTOR & PEED
215 N. EOLA DILIVE, DILAND, Florida 30801 (City) (Zip code)
(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 authoriticated by more than 00 days in the constant of the con
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: \_\_\_ Address: \_\_\_ Vice Chairman: Address: Director: Address: Director: Address: **B. OFFICERS** President: JOSEPH Address: \_\_ Clo PEAL ESTATE INVESTMENTS 4401 NOOTHSIDE PARKWAY ; SUITE 260 Vice President: Address: Secretary: Address: \_ Treasurer: Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) JOSEDH L HARRIS, DREBIDENT (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: 002990882CONTROL NUMBER: K116567DATE INC/AUTH/FILED: 09/20/1991JURISDICTION: GEORGIAPRINT DATE: 10/25/2000

FORM NUMBER : 211

MINERVA REAL ESTATE INVESTMENTS
CHRISTI MORGAN-JOHNSON
4401 NORTHSIDE PKWY STE 260
ATLANTA, GA 30327

#### 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

## JAF, 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 Scoretary
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