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F010000000 685

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magnetic Infusion Spraying Systems, 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 corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mr. Terry Campbell

(Name of Person)

Magnetic Infusion Spraying Systems, Inc.

(Firm/Company)

3350 Riverwood Parkway, Suite 75

(Address)

Atlanta, Georgia 30339

(City/State and Zip code)

600003553006--6

-01/18/01--01013--001

*****70.00 *****70.00

W01-1378

For further information concerning this matter, please call:

Albert Daykin

(Name of Person)

at (770) 518-1500

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 FEB -6 PM 8:29

FILED

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 18, 2001

TERRY CAMPBELL
3350 RIVERWOOD PKWY, STE 75
ATLANTA, GA 30339

SUBJECT: MAGNETIC INFUSION SPRAYING SYSTEMS, INC.
Ref. Number: W01000001378

We have received your document for MAGNETIC INFUSION SPRAYING SYSTEMS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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: 001A00002894

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00 FEB -6 PM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Magnetic Infusion Spraying Systems, 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. 58-2508462

(FEI number, if applicable)

4. 10/13/99

(Date of incorporation)

5. 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. 3350 Riverwood Parkway, Suite 75, Atlanta, Georgia 30339

(Principal office address)

3350 Riverwood Parkway, Suite 75, Atlanta, Georgia 30339

(Current mailing address)

8. any lawful activities for which corporations may be organized

(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:

FSA INTERMAA

Office Address:

17680 PRONGHORN ST.

ALVA (FL)

(City)

Florida

33920

(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Edward J. Henning

Address: 561 Bridgewater Drive

Atlanta, Georgia 30328

Vice Chairman: _____

Address: _____

Director: Terry L. Campbell

Address: 1503 Old Hunters Trace

Marietta, Georgia 30062

Director: Holly A. Campbell

Address: 1503 Old Hunters Trace

Marietta, Georgia 30062

B. OFFICERS

President: Terry L. Campbell

Address: 1503 Old Hunters Trace

Marietta, Georgia 30062

Vice President: _____

Address: _____

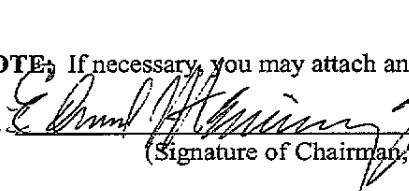
Secretary: Holly A. Campbell

Address: 1503 Old Hunters Trace

Treasurer: Marietta, Georgia 30062

Address: _____

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)

14. Terry L. Campbell, President
(Typed or printed name and capacity of person signing application)

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SECRET
TALLAHASSEE, FLORIDA

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 003550915
CONTROL NUMBER : K942472
DATE INC/AUTH/FILED: 10/13/1999
JURISDICTION : GEORGIA
PRINT DATE : 12/20/2000
FORM NUMBER : 211

ALBERT DAYKIN
ALBERT DAYKIN, P.C.
861 HOLCOMB BRIDGE RD, SUITE 209
ROSWELL, GA 30076

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

MAGNETIC INFUSION SPRAYING SYSTEMS, 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