# 

#### TRANSMITTAL LETTER

| € *   |   |
|---|---|
| -   | on/Tax Lien Section Corporations                              |
| SUBJECT:  | Thomas Glover Associates, Inc.                                |
|   | (Name of corporation - must include suffix)                   |
| Dear Sir or Madam   | :   |
| "Certificate of Existransact business in                                    | ·   |
| Please return all con   | respondence concerning this matter to the following:          |
| *   | Thomas E. Glover, Jr.   |
|   | (Name of Person) 4000034442141                                |
|   | Thomas Glover Associates, Inc. = 10/30/0001133001 ******70.00 |
|   | (Firm/Company)  |
|   | 13891 Asheville Highway W -24278                              |
|   | (Address) 4000034442141                                       |
|   | -02/08/0101053002   |
|   | Inman, SC 29349-8690 ***1815.00 ***1815.00 (City/State/Zip)   |
| Should you need to  | call someone concerning this matter, please call:             |
| Tom Glo   | ver at ( 864 ) 473-1200                                       |
| (Name of I  | Person) (Area Code & Daytime Telephone Number)                |
| STREET ADDRES  Qualification/Tax Li  Division of Corpora  409 E. Gaines St. | ien Section Qualification/Tax Lien Section                    |
| Tallahassee, FL 323   |   |
| Enclosed is a check   | for the following amount: $2 \int_{9}^{9}$                    |
| \$1.\$70.00 Filing Fee  |   |



## Department of State

### Memorandum Office of the General Counsel

TO:

File

FROM:

Gerard York, Assistant General Counsel

DATE:

February 5, 2001

RE:

Thomas Glover Associates, Inc.

Based on my review of the file and the payments received from the corporation, it is my recommendation that this file be closed. Corporation has paid outstanding report fees from 1995 of \$815.00 and foreign non-qualified penalties of \$1000.00 assessed in a lump sum. Corporation wishes to be qualified to do business in the State of Florida. Accordingly, it is recommended corporation be issued a certificate of authority.

/gty

FILED

00 FEB -9 M 8: 23

SECRET/STOT STATE
TALL MICROFICE IT SAIDA



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

November 2, 2000

THOMAS E GLOVER 13891 ASHEVILLE HIGHWAY INMAN, SC 29349-8690

SUBJECT: THOMAS GLOVER ASSOCIATES, INC.

Ref. Number: W00000026278

We have received your document for THOMAS GLOVER ASSOCIATES, 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 registered agent must sign accepting the designation.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2300.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Michael Mays Document Specialist

Letter Number: 100A00056966

00 FEB -9 M 8 2 SEQNETANY OF STATE

#### 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        | Thor                           | nas Glover Associates, Inc   |           |                 |              |                    |              |              |             |             |
|----------|--------------------------------|--|-----------|-----------------|--------------|--------------------|--------------|--------------|-------------|-------------|
| (N       | lame of corpo<br>ords or abbre | oration; must include the word "Invitations of like import in language | NCORPO    | clearly in      | dicate that  | NY", "COR          | PORATI       | ION" or      |             | <u></u>     |
| na       | tural person o                 | or partnership if not so contained                                     | in the na | me at pre       | sent.)       | <b></b>            |              |              |             |             |
| 2        | Sout                           | h Carolina   |           | _ 3.            |              | 57- <u>07128</u> 5 | 0            |              |             |             |
| (St      | ate or country                 | under the law of which it is inco                                      | rporated  | l)              |              | (FEI numb          | er, if ap    | plicable)    |             | -           |
| 4        | 12-2                           | 20-80<br>te of incorporation)  | 5.        |                 | N/A          |                    |              |              |             |             |
|          | (Dat                           | te of incorporation)   |           | (Duratio        | n: Year co   | orp. will ceas     | e to exis    | t or "perp   | etual"      | )           |
| 6        | .731-4                         | <b>)</b> 5   |           |                 |              |                    |              |              |             |             |
|          | (Date first                    | transacted business in Florida.) (                                     | SEE SE    | CTIONS 6        | 07.1501, 6   | 07.1502 and        | 817.155      | , F.S.)      | <del></del> |             |
| 7        |                                | 1 Asheville Highway  |           |                 |              |                    |              | ,,           |             |             |
| ·        |                                | it have title titling  |           |                 |              | <del></del>        |              | <del>.</del> | <del></del> |             |
| _        | Inma                           | n, SC 29349-8690   |           | -               |              |                    |              |              |             |             |
|          |                                | (Current   | : mailing | g address)      |              |                    |              | **           |             | <del></del> |
|          |                                |  |           |                 |              |                    |              |              |             |             |
| 8        | Conn                           | outer Consulting   |           |                 |              |                    |              |              |             |             |
|          | (Purpose(                      | s) of corporation authorized in ho                                     | me state  | or countr       | y to be carr | ied out in sta     | te of Flo    | rida)        |             |             |
| 9. Na    | me and stre                    | eet address of Florida register  | ad aga    | nt: (T) ()      | Day on M     | [-![ D D           | NOT          | <b>2</b> 5.  | ŏ           |             |
|          |                                | see address of Fibrida legister  | cu age    | ui: (P.O.       | DOX OF IVE   | ian Drop Bo        | x <u>not</u> | acceptal     | ole)        |             |
|          | Name: _                        | Brian Hendrickson  |           |                 |              |                    |              |              | co<br>I     |             |
| Office . | Address:                       | 5725 Gatlin Ave, Apt.  | 323       |                 |              |                    | -            |              | -9 A        |             |
|          | _                              | Orlando  |           |                 | . Florida.   | 32822              | -            |              | Ċ           |             |
|          |                                | -  |           | · <del></del> / | ,            | (Zip code)         | _            |              | 24          |             |
| ΛP       | omintowod                      | ******   |           |                 |              | _ ,                |              |              |             |             |
| U. K     | egistered ag                   | ent's acceptance:  |           |                 |              |                    |              |              |             |             |
| Ii       | - L                            | f  | _         |                 |              |                    |              |              |             |             |

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 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: Vice Chairman: Address: Director: Address: \_\_ Director: \_\_\_\_ B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Thomas E. Glover, Jr. Address: 168 Ridgewood Drive Inman, SC 29349-4545 Vice President: Linda C. Glover Address: 168 Ridgewood Drive Inman: SC 29349-4545 Secretary: Linda C. Glover Address: 168 Ridgewood Drive Inman; SC 29349-4545 Treasurer: Thomas E. Glover, Jr. Address: 168 Ridgewood Drive Inman, SC 29349-4545 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) Thomas E. Glover, Jr. (President)

(Typed or printed name and capacity of person signing application)

## The State of South Carolina



## Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

#### THOMAS GLOVER ASSOCIATES, INC.,

a corporation duly organized under the laws of the State of South Carolina on **December 15th, 1980**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 22nd day of November, 2000.

Jim Miles, Secretary of State