# F010000002449

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		MJH
SUBJECT:Inter-Ame	erican Wood Product	S, Inc:
	of corporation - must include suffix)	00004016771 04/18/0101089008 
Please return all correspondence concerning Cathy Harri	ng this matter to the following:  S Helms, Esq.  (Name of Person)	
	(Name of Person)	
	(Firm/Company)	
Homerall	(Address)	<del>a Tyling i Lilling amid ee ly</del> re tyfreys. Lan
LIDMIC VIIII	e GA 31634-653 (City/State and Zip code)	34
For further information concerning this ma		OI APR SECRETATALLAHA
Cathy Helms (Name of Person)	ıt (912) 487-5377	
(Name of Person)	(Area Code & Daytime Telepho	ne Number)  RY OF STATE SEEF FLORID
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	as S
Enclosed is a check for the following amou	int:	
▼ \$70.00 Filing Fee □ \$78.75 Filing Certificate of		☐ \$87.50 Filing Fee, Certificate of Status & 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.

1. Inter-American Wood	Products, Inc.	F-1
(Name of corporation; must include the word "TNCO	DRPORATED", "COMPANY", "CORPORATION" or	a.e
2. Georgia (State or country under the law of which it is incorp	orated) (FEI number, if applicable)	· · · · · · · · · · · · · · · · · · ·
1110-	orated) (FEI number, if applicable)	
(Date of incorporation)  6 Upon qualification	(Duration: Year corp. will cease to exist or "perpetual")	· · · · · · · · · · · · · · · · · · ·
(Date first transacted business in Florida. If corporati	ion has not transacted business in Florida, insert "upon qualification.") S 607.1501, 607.1502 and 817.155, F.S.)	Σ + 1 t t t t Σ <b>E</b> μ1
7. 4137 Manor-Millwood	Road, Manor GA 31550	
4137 Manor-Millwood	office address) 1 Road, Manor GA 31550	.,
	ugs permissible by law.  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
	d agent: (P.O. Box or Mail Drop Box NOT acceptable)	APR
Name: Mike Weekly		
Office Address: 3692 South Byron	Butler Parkway	FILED
Perry (City)		ED AM 10: 31
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.

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: James Stovall
Address: 413+ Manor-Millwood Road
$\underline{\text{III}(\text{UNOY} \text{ CSA}) \text{ 21550}}$
Vice Chairman: INIKE WEEKIV
Address: 3692 South Byron Butler Parkway
Perry FL 32347
Director:
Address:
Director:
Address:
B. OFFICERS
Tomas Charall
President: James Stovall  Address: 4137 Manor-Millwood Road
Marie 64 31660
Vice President:
Address:
Secretary: Mike Weekly
7100 6 110 0 0 110
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. And to the application listing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
4. James Stovall, Chairman

(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 CONTROL NUMBER : K518873
DATE INC/AUTH/FILED: 06/14/1995
JURISDICTION : GEORGIA
PRINT DATE : 04/10/2001

FORM NUMBER : 211

HELMS & HELMS P.C. CATHY HARRIS HELMS P.O. BOX 537 HOMERVILLE, GA 31634

#### 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 as of the above print date

## INTER-AMERICAN WOOD PRODUCTS, INC. A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 print date above. 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.

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Cathy Cox Secretary of State