F010000003077

TO: Registration Section	£.33
Division of Corporations	
SUBJECT: Land Specialties, 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:	
Brian L. Bagwell	بىيىسى ب
(Name of Person)	
Land Specialties, Inc.	
(Firm/Company)	* . * *
P. O. Box 1270	
(Address)	
Clarkesville, GA 30523	
(City/State and Zip code) 50004533855 -06/04/01-01085******78.75 ****** For further information concerning this matter, please call:	
Brian L. Bagwell at (706) 754-6000	· · · · · · · · · · · · · · · · · · ·
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	
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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.	Land	l Specia	lties, In	.							-
(Nai	ne of corp	oration; mu	st include the v	vord "INCOR	PORATE	D", "COMPANY", "C	ORPORATION	J" or			.:=
wor	is or abbr	eviations of	like import in l	anguage as wi	ill cleariv	indicate that it is a corp	oration instead	n Oi Infa			
natu	ral person	or partners!	nip if not so con	itained in the	name at j	oresent.)		· OI u			
_	-					•					
2.	Geor					<u> 58-257653</u>					
(Sta	te or cour	itry under th	e law of which	it is incorpora	ated)	(FEI n	umber, if applic	cable)			
4		10/99	<u> </u>	<u></u>	5.	Perpetual			**		
	(Da	ate of incorp	oration)			(Duration: Year corp.	will cease to e	xist or "per	petual")		* *≒
6		qualif			- 						
(Date	first trans	sacted busin	ess in Florida.	If corporation	has not	ransacted business in F	lorida, insert "ı	ıpon qualifi	cation.")		
			(SEE	SECTIONS 6	07.1501,	607.1502 and 817.155,	, F.S.)		FAI	2	
7	125	Ankony	Farms Driv	re, Clark	esvill	e, GA 30523				يخ	49-9
				(Principal of	fice addr	ess)		<u> </u>	シス	JUN -4 PM	The same bear
	P. (). Box 1	270, Clari	racuilla	CV 3	ñ522			ر المرادي راج كا	#	
		JOH I	orari	(Current mail			a to have a wife	<u> </u>	- 111	P	i i
				(g udu.				7.7	ယ	₹
8.	Rosi	ectate	invoctmor	ta domo	1	#			97	3:10	
ه	Purnoce	(s) of some	ration outhoriz	adim bassa sta	Tobilen	t, marketing an	nd sales		<u>- 5</u> 5	0	
	(1 urpose	(s) or corpo	ation authoriza	ed in nome sta	ne or cou	ntry to be carried out in	state of Florid	a)			
9. Nan	ie and <u>st</u>	reet addre	ss of Florida	registered a	agent: (P.O. Box or Mail Dro	op Box NOT :	accentable	3		
				J					,		
-	Name:	Virgi1	Lovell	· · · · · · · · · · · · · · · · · · ·		· ·				T	
Office	۸ ما طاست محد	172 F1,	rida Shor	oo Pland							
Office	Address.	<u> </u>	TIGE DIOT	es prag.	<u> </u>	<u> </u>				•	
		Daytona	Beach Sh	ores		, Florida <u>3211</u>	.8				
			(City)			(Zip c	code)	:		-	<i>01.</i>
						•	•				
10. Re	gistered	agent's acc	eptance:	_							
Having desime	been na: tad in the	med as reg	istered agent	and to accep	ot servic	e of process for the a	bove stated co	orporation	at the p	lace	
uesignu furth <i>e</i> r	ieu in in. noree to	s appucau comply wi	on, 1 nereoy (h the provici	iccept the ap	pointm	ent as registered age lative to the proper a	nt and agree i	to act in th	is capac	ity. I	
duties. d	ag.cc to and I am	familiar w	ith and acces	ons oj an sa ot the oblica	uuies re tions of	my position as regist	na complete j eved agent	perjorman	ce of my	v	
		<i>J</i>			nons oj	my position as regist	erea ageni.				
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			1/10-2	W/Va.	(/						
	-		<u> </u>	$\overline{\lambda} \sim \overline{\lambda}_{\overline{\alpha}}$	vy	-					
			1 (Registered ag	ent's sign	nature)					

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. DIREC	TORS			
Chairman: _	Brian L. Bagwell	<u> </u>		. <u> </u>
	P. O. Box 1270, Clarkesville, GA 30523			
Vice Chairm	an:			
Address:				
Director:	Virgil E. Lovell			
	P. O. Box 1270, Clarkesville, GA 30523			
				
Director:		<u> </u>		ee
Address:	<u> </u>		200	***************************************
<u></u>		a engle	<u> </u>	
B. OFFICE	CRS		LORIA STA	
President:	Virgil E. Lovell		Ş.F. O	e) _
	P. 0. Box 1270, Clarkesville, GA 30523			
4				
Vice President	t: _ Brian L. Bagwell			
	P. O. Box 1270, Clarkesville, GA 30523			
Secretary:	Brenda C. Anderson			
	P. O. Box 1270, Clarkesville, GA 30523			<u> </u>
Treasurer:				
Address:				
NOTE: If no	ecessary, you may attach an addendum to the application listing to the application listing solution listing solutions are solutions. Signature of Chairman, Vice Chairman, or any officer listed			
14	Virgil E. Lovell	*** .1	<u> 4</u> :	<u> </u>
	(Typed or printed name and capacity of person signir	ng application)		

Secretary of State

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

DOCKET NUMBER : 011410478

CONTROL NUMBER : K946639

DATE INC/AUTH/FILED: 11/10/1999

JURISDICTION : GEORGIA

PRINT DATE : 05/21/2001

FORM NUMBER : 211

LAND SPECIALTIES, INC.
VIRGIL LOVELL
POB 1270
CLARKESVILLE, GA 30523

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

LAND SPECIALTIES, 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 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