F010000003566

TRANSMITTAL LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: Future	CAPITAL HOLING COME of corporation - must include suffix	erporation		
Dear Sir or Madam:	1	, 		
The enclosed "Application by Foreign C "Certificate of Existence", and check are to transact business in Florida.	Corporation for Authorization to Transact submitted to register the above refere	act Business in Florida", enced foreign corporation		
Please return all correspondence concern	ning this matter to the following: (Name of Person)			
~	(Name of Person)			
- tuture CApit	(Firm/Company) Con	portion		
	(Firm/Company)			
_ 585 501.7	Ridan Da	. .		
CANTON B	(Address) 10 4 30/15 - 72 2 (City/State and Zip code)	00043377513 -07/03/0101083003 ***1150.00 ***1150.00		
For further information concerning this m		000043377513 -06/01/0101052004 *****87.50 *****87.50		
Donna Caton	at (770) 720-462	2 WOI - 12797		
(Name of Person)	(Area Code & Daytime Telepho			
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amo	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	FILE 101 JUL -6 SECRETARY OF ALLAHASSEE		
2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	шп;	FEST SE D		
□ \$70.00 Filing Fee □ \$78.75 Filing Certificate of		S87.50 Fire Fee, Certificate of Status &		

Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 6, 2001

RANDY EATON 585 SPLIT RIDGE DR. CANTON, GA 30115-7221

SUBJECT: FUTURE CAPITAL HOLDING CORPORATION

Ref. Number: W01000012797

We have received your document for FUTURE CAPITAL HOLDING CORPORATION and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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 \$1150.00.

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 \$\geq 608.502\$, Florida Statutes.

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

Michael Mays Document Specialist

Letter Number: 301A00034392

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. (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.) (State or country under the law of which it is incorporated)

3. 58-2081177

(FEI number, if applicable) (Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

(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.) 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) Office Address: 17311 Lockwood Ridge Dr.

7 Amp 4 , Florida 33647
(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.

Harmony Henderson

(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 business addresses of officers a	nd/or directors:			
A. DIRECTORS	₹			. —
Chairman: Kandy Est	Ton			
Address: 585 501.710	idge Dr.			
CANTON G	30115	4.7 2, 1.7 1 maps 2		
Vice Chairman Day 440		· · · · · ·	<u> </u>	<u> </u>
Vice Chairman: Down Est	/ \			2011 July 2018
Address: 585 Split Rid	ge Dr.		<u></u> .	- 47
_ CANON, 64 5	0115		<u>,</u>	
Director:	<u> </u>	· · · · · · · · · · · · · · · · · · ·		i tan s
Address:		e de la companya de		· <u> </u>
lüü⊢ ,				
Director:				<i>f</i> .
Address:				
	and the second s			
B. OFFICERS			SE S	
President: ANGY EATO	<u>~eV</u>	, <u>, , , , , , , , , , , , , , , , , , </u>		
President: Kandy Esto Address: 585 Split Ri CANTON GO	tge Dr.	· · · · · · · · · · · · · · · · · · ·	TAR I	· ····
CANTON, GA	30112		· • •	
Vice President:				
Address:			ADA TH 643	
			<u> </u>	<u> </u>
Secretary: DONNA EATON		-	<u> </u>	<u></u>
Address: _ 585 501.7 R.d.	- Da C	1 4 . 0)	
*	- L.	Auton Rx	30112	
Treasurer: DONNA ENTON	3			
Address: S\$5 5ph + 1Codge	Dr. C	Anton GA	30112	
NOTE: If necessary you may attach an addendum	to the application listing	rodditional -cc	4/ 4* ·	
NOTE: If necessary, you may attach an addendum	to the application listing	s auditional officers a	ma/or directors.	
(Signature of Chairman, Vice Chair	man, or any officer liste	d in number 12 of the	annlication	·
14. RANdy Estan	President		- application)	. 7.25_ **
(Typed or printed name and		. 3	7.7	· · · · · · · · · · · ·

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

CONTROL NUMBER : K328243
DATE INC/AUTH/FILED: 12/09/1993
JURISDICTION : GEORGIA
PRINT DATE : 04/18/2001
FORM NUMBER : 211

FUTURE CAPITAL HOLDING CORPORATION DONNA EATON 585 SPLIT RIDGE DR CANTON, GA 30115

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

FUTURE CAPITAL HOLDING CORPORATION
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 winding up or any other similar document has been filed or 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.

20010418190605704



Copy Miller

Cathy Cox Secretary of State