

F01000003941

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILENT PARTNERS CORP.
(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:

STANFORD MORGAN

(Name of Person)

SILENT PARTNERS CORPORATION

(Firm/Company)

303 BAKER STREET SUITE 200

(Address)

MOUNT DORA, FLORIDA 32757

(City/State and Zip code)

For further information concerning this matter, please call:

STANFORD MORGAN

(Name of Person)

at (407) 402-0139

(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

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

01 JUL 25 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

JP
7-25-01

**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. SILENT PARTNERS CORP.

(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. 58-260-3591

(FEI number, if applicable)

4. MARCH 2001

(Date of incorporation)

5. Perpetual

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

6. MAY 5, 2001

(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. 1228 STONESHIRE COURT, NE LAWRENCEVILLE, GA 30043

(Principal office address)

1228 STONESHIRE COURT, NE LAWRENCEVILLE GA, 30043

(Current mailing address)

8. Holding Company

(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: STANFORD MORGAN

Office Address: 303 Baker Street, Suite 200

Mount Dora, Florida 32757

(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.

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

CEO
Chairman: STANFORD MORGAN
Address: 1228 Stoneshyre Ct, NE
LAWRENCEVILLE, GA 30043

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DR. Donald A. RAJAPAKSE

Address: 882 BLAFFERTON PLACE
STONE MOUNTAIN, GEORGIA 30083

Vice President: _____

Address: _____

Secretary: STANFORD MORGAN

Address: 1228 STONESHYRE COURT, NE LAWRENCEVILLE GA 30043

Treasurer: _____

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. STANFORD MORGAN CEO / SECRETARY

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

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Stanford Morgan, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

SILENT PARTNERS CORP
(Corporate Name)

a corporation duly organized and existing under the laws of the State of GEORGIA,

was duly adopted on July 25, 2001.

Be it resolved, that SILENT PARTNERS CORP
(Corporate Name)

organized and existing in the State of GEORGIA, hereby adopts the name

SILENT PARTNERS CORP of GEORGIA for use in Florida.

Dated: 7-25-65

[Signature]
Signature of either Chairman, Vice Chairman or any officer

STANFORD MORGAN
Type or print name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

DOCKET NUMBER : 012040779
CONTROL NUMBER : 0110870
DATE INC/AUTH/FILED: 03/01/2001
JURISDICTION : GEORGIA
PRINT DATE : 07/23/2001
FORM NUMBER : 211

MICHAEL A. EDMUNDS
THE GRANT BLDG., STE. 600
44 BROAD ST., N.W.
ATLANTA, GA 30303

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

SILENT PARTNERS CORP.
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

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AND
FILED
01 JUL 25 PM '01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA