

F01000004457

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perception Marketing, 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:

Troy Potts

(Name of Person)

Perception Marketing, Inc.

(Firm/Company)

6388 Mallard Trace

(Address)

Tallahassee, FL 32312

(City/State and Zip code)

For further information concerning this matter, please call:

Troy Potts

(Name of Person)

at (850) 294-8111

(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

900004551589--8
-08/23/01--01007--007
*****78.75 *****78.75

RECEIVED
01 AUG 23 AM 9:20
DIVISION OF CORPORATION

FILED
01 AUG 23 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.*

FILED
01 AUG 23 AM 9 52
TALLAHASSEE FLORIDA
SECRETARY OF STATE

1. Perception Marketing, Inc.

(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. 58-2533625

(FEI number, if applicable)

4. 03-16-2000

(Date of incorporation)

5. perpetual

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

6. "upon qualification"

(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. 6388 Mallard Trace, Tallahassee, FL 32312

(Principal office address)

6388 Mallard Trace, Tallahassee, FL 32312

(Current mailing address)

8. Textile Distributorship

(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: Troy Potts

Office Address: 6388 Mallard Trace

Tallahassee, FL 32312

(City)

Florida

(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.

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

A. DIRECTORS

Chairman: Troy Potts

Address: 6388 Mallard Trace, Tallahassee, FL 32312

Vice Chairman: Troy Potts

Address: 6388 Mallard Trace, Tallahassee, FL 32312

Director: Troy Potts

Address: 6388 Mallard Trace, Tallahassee, FL 32312

Director: _____

Address: _____

B. OFFICERS

President: Troy Potts

Address: 6388 Mallard Trace

Tallahassee, FL 32312

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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. Troy Potts, President

(Typed or printed name and capacity of person signing)

**PLEASE SIGN
& DATE**

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

DOCKET NUMBER : 012290307
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JURISDICTION : GEORGIA
PRINT DATE : 08/23/2001
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PERCEPTION MARKETING, INC.
TROY A. POTTS
6388 MALLARD TRACE
TALLAHASSEE, FL 32312

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

PERCEPTION MARKETING, 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 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