F-01000004834

TRANSMITTAL LETTER

Co: Registration Section Division of Corporations		
UBJECT: TechBIOS, INC.		
(Name of corporation - must include suffix)		
ear Sir or Madam:		
he 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 transact business in Florida.		
lease return all correspondence concerning this matter to the following: -09/11/01-01063-09/11/01 R_WILTON R_WILLIAMS	}——5 -004 ⊭87.50	
(Name of Person)	ŧ	
TechBias Inc.		
(Firm/Company)	:	
535 Ashleaf Place		
(Address)		
Alphanetta, GA 30005		
(City/State and Zip code)	. Z	
or further information concerning this matter, please call:		
(Name of Person) at (770) 569-272 ARE SECOND (Area Code & Daytime Telephone Number)		
FREET ADDRESS: gistration Section vision of Corporations 9 E. Gaines St. Allahassee, FL 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
closed is a check for the following amount:	3	
\$70.00 Filing Fee \$\sigma\$ \$78.75 Filing Fee \$\sigma\$ Certificate of Status \$\sigma\$ Certified Copy \$\sigma\$ 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. (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) (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.) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Sles at Souscrass, 673 VISTA ISLE DELLE

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 director	rs:
A. DIRECTORS	
Chairman: MLTON WILLCAMS	
Address: 135 Ashleaf Place	
Alpharetta, GA 3000	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	-
Address:	
B. OFFICERS	
President:	
Address:	
-	
Vice President:	
Address:	
	SEP F
secretary: <u>Karfene Belvarus</u> W	illiams SER = E
Address: 535 Ashleaf Place	Alphanetta GABROSTO
Treasurer: Debug self-a	9: C
Address:	A 0
NOTE: If necessary, you may attach an addendum to the application	ation listing additional officers and/or directors.
13. Molder Dalia	
(Signature of Chairman, Vice Chairman, or any	
14. MILTON R WILLIA	
(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 : 0053105
DATE INC/AUTH/FILED: 12/01/2000
JURISDICTION : GEORGIA
PRINT DATE : 08/29/2001

FORM NUMBER : 211

TECHBIOS, INC.
MILTON WILLIAMS
535 ASHLEAF PLACE
ALPHARETTA, GA 30005

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

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 monding with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Fitle 14 of the Official Code of Georgia Annotated and is prima-facie ewidence that said entity is in existence or is authorized to transact business in this state.

9: 00 TATE ORIDA

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Cathy Cox Secretary of State