# F01000005815

### TRANSMITTAL LETTER

TO: Registration Section Division of Corpor			80000461	60786
SUBJECT: ADVA	NCED BARRIER SYST	TEMS, INC.	-09/28/01 ****87	01031009
	(Name of corporati	on - must include s	uffiv)	<u> </u>
Dear Sir or Madam:			<i>C</i> C6	1-22687
The enclosed "Application "Certificate of Existence", to transact business in Flori	and check are submitted to	Authorization to Tregister the above i	ransact Business in Fl referenced foreign corp	orida", poration
Please return all correspond	lence concerning this matte	r to the following:		
	TAMMY PERKINS	Nama e e e e e e e e e e e e e e e e e e		De wordt te ee wood di
	(Name o	f Person)		
	ADVANCED BARRIE	R SYSTEMS, I	NC.	o selfo de la co <del>legge</del> por
·	(Firm/Co	ompany)		
	PO BOX 6726	· · · · · · · · · · · · · · · · · · ·	.a. y sa u cauc	
	(Add	ress)		
	COLUMBUS, GA 319	917 		· a company
	(City/State	and Zip code)		
For further information con	cerning this matter, please	call:		
TAMMY PERKINS	at (706		TALL	01
(Name of Person)	(Area	Code & Daytime T	elephone Number	
STREET ADDRESS:		MAILING ADD	`·	-8 PM -0
Registration Section Division of Corporations		Registration Sect Division of Corp	7	&  &
409 E. Gaines St.		P.O. Box 6327		Φ ,
Tallahassee, FL 32399		Tallahassee, FL	32314	mth
Enclosed is a check for the	following amount:			11 (8
□ \$70.00 Filing Fee □	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee Certified Copy		ng Fee, of Status &



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 2, 2001

TAMMY PERKINS PO BOX 6726 COLUMBUS, GA 31917

SUBJECT: ADVANCED BARRIER SYSTEMS, INC.

Ref. Number: W01000022687

We have received your document for ADVANCED BARRIER SYSTEMS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 201A00055 探望



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 19, 2001

TAMMY PERKINS PO BOX 6726 COLUMBUS, GA 31917

SUBJECT: ADVANCED BARRIER SYSTEMS, INC.

Ref. Number: W01000022687

We have received your document for ADVANCED BARRIER SYSTEMS, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

You have submitted a certified copy of your articles that is not what we require in order to process the document. You would need to obtain a certificate existence from the Secretary of State in Georgia.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 701A00057896

# 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.

TO TRANSACT BUSINESS IN THE FOLLOWING IS SUBMITTED TO
1. ADVANCED BARDING
Name of composition SISTEMS, INC.
Words or abbreviations activities and word incorporation activities with the word incorporation activities and the word activities and the word incorporation activities and the word in
natural person or partnership if not so contained in the name at present.)
a Grand and the contrained in the name at present.)
2. GEORGIA (State or country under the law of which it is income.) 3. 58-2607135
4. 2-15-01 (Date of incorporation) (FEI number, if applicable) (Duration: Year corporation)
Details PERPETUAL
(Date of incorporation)
6. UPON OTAL TELEGRAPHONE
(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.)
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
(Principal office address)
PO BOX 6726 Columbia de la columbia
PO BOX 6726 Columbus, GA 31917 (Current mailing address)
(Current mailing address)
8CONSTRUCTION
CONSTRUCTION
(Privage (A) A
(Purpose(s) of corporation authorized in home state or country to be comediate.
8. <u>CONSTRUCTION</u> (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
(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 Rev. NOT)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Rev. NOT.
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: MERRI ADDISON
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9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: MERRI ADDISON  Office Address: 1205 N. PINE HILLS ROAD  ORLANDO  (City)  ORLANDO Florida 32808
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: MERRI ADDISON  Office Address: 1205 N. PINE HILLS ROAD  ORLANDO  (City)  (Zip code)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: MERRI ADDISON  Office Address: 1205 N. PINE HILLS ROAD  ORLANDO  (City)  (Zip code)  ORLANDO  (Zip code)
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9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: MERRI ADDISON  Office Address: 1205 N. PINE HILLS ROAD  ORLANDO  (City)  (City)  (City)  (City)  (City)  (City)  ORLANDO  ORLANDO  (City)  (
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9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: MERRI ADDISON  Office Address: 1205 N. PINE HILLS ROAD  ORLANDO  (City)  (City)  (Zip code)  (Zip code)  (Zip code)  (Zip code)  (DRIANDO (City)  (Zip code)  (City)  (DRIANDO (City)  (Zip code)  (City)  (DRIANDO (City)  (Zip code)  (DRIANDO (City)  (DRIANDO
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: MERRI ADDISON  Office Address: 1205 N. PINE HILLS ROAD  ORLANDO  (City)  (City)  (City)  (City)  (City)  (City)  ORLANDO  ORLANDO  (City)  (

<sup>11.</sup> 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

12. Name	s and business addresses of officers and/or directors: •
A. DIRE	CTORS — The second of the seco
Chairman:	
Address:	
Vice Chair	oan:
Director:	
- Address: _	
Address: _	
B. OFFI	
President:	BRADFORD J. RAFFENSPERGER
Address: _	5300 TRANSPORT BLVD.
	COLUMBUS, GA 31907 ₹ SE 9
Vice Presid	ent:
Address: _	
_	SEE, FI OR OF STATE
- Secretary:	ORIGO -
Address:	
Treasurer:	
Address: _	
NOTE: I	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	Brafford Roffenseige
_	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	Bradford J. Raffensperger
	(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 DOCKET NUMBER : 013060457
CONTROL NUMBER : 0107967
DATE INC/AUTH/FILED: 02/15/2001
JURISDICTION : GEORGIA
PRINT DATE : 11/02/2001

FORM NUMBER

ADVANCED BARRIER SYSTEMS, INC. TAMMY PERKINS 5300 TRANSPORT BLVD COLUMBUS, GA 31907

#### 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

#### ADVANCED BARRIER SYSTEMS, 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 armany 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.



July Cop

Cathy Cox Secretary of State