FOROSOCOSOS COSTA

TO: Registration So Division of Co		. <u>-</u>				
SUBJECT:	Pauly D's Charter Se	ervice, Inc.				
	(Name of corpo	ration - must include suffix)				
Dear Sir or Madam:						
The enclosed "Applica "Certificate of Existent to transact business in I	ce", and check are submitted	for Authorization to Transact to register the above reference	Business in Florida", eed foreign corporation			
Please return all corres	pondence concerning this m	atter to the following:	-			
Michael E. Jacob	Michael E. Jacobs 200049620527 -02/20/0201082002					
	(Nam	ne of Person)	*******78.75 ******78.75			
Robinson Rappap	ort. Jamool. Aussenb	erg & Schleicher, LLP				
		/Company)				
11625 Rainwater	Drive, Suite 350					
		Address)				
Alpharetta, Geor	gia 30004					
	(City/St	ate and Zip code)				
	•	• ,				
For further information	concerning this matter, plea	ase call:				
	,,		•			
Michael Jacobs	at (70) 667–1290				
(Name of Perso	on) (At	rea Code & Daytime Telephor	ne Number)			
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Fallahassee, FL 32399 Enclosed is a check for		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, 2/22 Certificate of Status & 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.

1. Pauly	D's Charter Service, Inc.				
words or abbre	eration; must include the word "INCORPO viations of like import in language as will be partnership if not so contained in the na	clearly	indicate that it is a corporation instead of	or fa	
2. Georgi	a · .	⁻ 3.	Applied for		
	under the law of which it is incorporated	d)	(FEI number, if applicabl	e)	
4. 11-15-	01	- 5.	Perpetual		
(Da	te of incorporation)		Perpetual (Duration: Year corp. will cease to exis	t or "perpetual")	
6. Januar	y 3, 2001				
(Date first trans	acted business in Florida. If corporation (SEE SECTIONS 60)	has not (7.1501,	transacted business in Florida, insert "up- 607.1502 and 817.155, F.S.)	on qualification.")	
7. <u>1655 P</u>	eachtree Steet, N.E., Atla				
	(Principal off	ice addr	ess)		
11625	Rainwater Drive, Suite 350				
	(Current maili				
	in any lawful act or activ the Georgia Business Corpor			be organized	
	(s) of corporation authorized in home sta	te or cor	intry to be carried out in state of Florida	02 126	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)					⊐
Name:	Bruce Goldman			- 經過 7 20	
Office Address:	2701 Le Jeune Road, Suite	<u>404</u>			_
	Coral Gables,		, Florida <u>33134</u>		
	(City)		(Zip code)	₹ · · ·	
Having been nad designated in the further agree to	agent's acceptance: med as registered agent and to accept is application, I hereby accept the ap comply with the provisions of all sta familiar with and accept the obliga	ppointn atutes r tions of	nent as registered agent and agree t elative to the proper and complete p f my position as registered agent.	to act in this capac	city. I
	(Registered ag	gent S Si	Sugrare)		

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:	Paul D'Agnese	<u> </u>
Address:	5550 Chelsen Wood Drive	
	Duluth, Georgia 30097	
Vice Chairman:		
Address:		
<u> </u>		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President:	Paul D'Agnese	02 FAIL
Address:	5550 Chelsen Wood Drive	
	Duluth, Georgia 30097	20 L
Vice President:		
Address:		
		
Secretary:		. 200
Address:		
Treasurer:		
Address:		
NOTE: If necess	sary, you may attach an addendum to the application listing a	dditional officers and/or directors.
13	Signature of Chairman, Vice Chairman, or any officer listed	in number 12 of the application)
14	(Typed or printed name and canacity of person signin	g application)

Secretary of State

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

CONTROL NUMBER DATE INC/AUTH/FILED: 11/15/2001 : GEORGIA JURISDICTION : 12/20/2001 PRINT DATE

FORM NUMBER

ROBINSON, RAPPAPORT, JAMPOL, AUSSENBERG & SCHLEICH CHRIS MILLER 11625 RAINWATER DRIVE, STE 350 ALPHARETTA, GA 30004

CERTIFICATE OF EXISTENCE

the State of Georgia, do hereby certify I, Cathy Cox, the Secretary of State under the seal of my office that as of the above print date

PAULY D'S CHARTER SERVICE, IN CORPORATION AcGEORGIA PROFIT

is in compliance with the applicable filing and annu of Title 14 of the Official Code of Georgia Annotated egistration provisions

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 exticles of dissolution, certificate of cancellation or any other similar document with the Office of the Set

the above-pamed entity relates only to the This certificate relates only to the legal existence of the above-named entry 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 pending with the Secretary of State

transmitted, issued and certified in This information accordance with the Georgia Electronic Records and Signatures Act and 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.

20011220214021717



Secretary of State