# F02000001651

bound

### TRANSMITTAL LETTER

SUBJECT:	TRITON	4 1	ASSOCIATES.	12c.	
	(Nan	ne of corpor	ation - must include:	suffix)	
Dear Sir or Madam:					
The enclosed "Anni	iaatian by Earaian (	Tamaratian	for Authorization to	Transpot Pusināssi	in Plovido"
			for Authorization to to register the above		
to transact business	in Florida.				
Please return all cor	respondence concer	ning this ma	atter to the following:	; ;	
	M	ICHAEL	GARREN		4829830 28/0201025(
		(Nam	e of Person)	米米米米	*87.50 *****8
,	, TA	LITON	T ASSOCIATI	Es, INC.	LM2-2781
	1	(Firm	/Company)	7	
11/	973	COBR	PLAUT BLVI address)	Suite	113
I/VI		(A	ddress)		
-1	KIEN	inksam	GA 301 ate and Zip code)	44	
		(City/Sta	ate and Zip code)		
<b>/</b>	•				
For further informat	ion concerning this	matter, plea	se call:		
44.4.5		<b>5</b>		) <del></del>	)IVI 02
(Name of P	erson)	_ at ( <u> </u>	ea Code & Daytime	Telephone Number	SLOPE IN INVESTIGATION TO APR
(4 ************************************		(		_ •	**************************************
	$f_{\Lambda}$	\	F02-16	<b>45</b>	AH 9: 4
STREET ADDRESS Registration Section	1.7	) .	MAILING AD	DRESS:	9 9
Division of Corpora	1 /	$\Lambda \Lambda$	Registration Se Division of Cor P.O. Box 6327	porations	<b>=</b> 5 m
409 E. Gaines St.	200		↑P.O. Box 6327	20214	ਦ <del>ੀ</del>
Tallahassee, FL 323	399	0	aliahassee, FL	32314	
Enclosed is a check	for the following an	nount:			
☐ \$70.00 Filing Fee	e □ \$78.75 Fili	ng Fee &	☐ \$78.75 Filing <u>F</u> e	£ & \$87.50	Filing Fee,
		of Status	Certified Copy		icate of Status &



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 31, 2002

MICHAEL GARRETT 975 COBB PLACE BLVD, STE 113 KENNESAW, GA 30144

SUBJECT: TRITON & ASSOCIATES, INC.

Ref. Number: W02000002787

We have received your document for TRITON & ASSOCIATES, 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:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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: 102A00005928



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 13, 2002

MICHAEL GARRETT 975 COBB PLACE BLVD, STE 113 KENNESAW, GA 30144

SUBJECT: TRITON & ASSOCIATES, INC.

Ref. Number: W02000002787

We have received your document for TRITON & ASSOCIATES, 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 registered agent must sign accepting the designation.

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.

Letter Number: 402A00008916

Michael Mays Document Specialist

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned	MICHAEL GARRII (Name)	do hereby certify	₹ .
that this Resolution of the B	Soard of Directors of		<del></del>
TRITO	(Corporate Name)		<del></del> .
a corporation duly organize	d and existing under the laws of the State	e of GEORGIA	٠.
	Movember 20		***
Be it resolved, that	TRITON + ASSOCIATES (Corporate Na	inc.	,
	ne State of GEORGIA IN	•	
Dated: 2-4-02	<del></del> / /	· · · · · · · · · · · · · · · · · · ·	S Wes
	Signature of either Chairman, Vice Chair	rman or any officer	0
	MICHAEL CAR Type or print hame	NEIT	AN 9: 41

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

•••

-1NHS19(1/00)

## 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	TRITON 4	ASSOCIATI	=s, ,~c		·
	ation; must include the wo				
	iations of like import in lan			it it is a corporation instea	ad of a
•	r partnership if not so conta				
2	TEORGIA under the law of which it i		3. <u>58</u>	-2663690	
(State or country	under the law of which it i	s incorporated)		(FEI number, if applied	cable)
4	11-20-2001 of incorporation)		5 "PO	ERPETHAL	
(Date	e of incorporation)		(Duration:	Year corp. will cease to	exist or "perpetual")
6	cted business in Florida. It	CACIFICA	1 10~	weiners in Florida incom	"Ymon qualification "
(Date first transac	cted dusiness in Florida. If	ECTIONS 607.1:	501, 607.1502 a	and 817.155, F.S.)	upon quanneation. )
0-1.5	,			•	2. 2
7	COBB PLAUS	Principal office a	ddreee)	KENTILSAW	<u> 9</u> A 30199
			iddress)		
		que"			· · · · · · · · · · · · · · · · · · ·
	(	Current mailing a	ddress)		
8. <u>Acc</u>	outs Receivases) of corporation authorized	TE MANAG	EMENI	- COLLECTION	'5
(Purpose(s	s) of corporation authorized	d in home state or	country to be	carried out in state of Flor	ida)
9. Name and stre	eet address of Florida	registered agen	t: (P.O. Box	or Mail Drop Box <u>NO</u>	T_acceptable)
	100 / 155	-			~ =
Name:	LORN LETT	7-0-17-0			\(\sigma\) \(\frac{1}{25}\) \(\frac{1}{
Office Address:	7700 N KE MIAMI (City)	MOALL D	R #41	5	SELECTION OF APR
	44 . 4		<del></del> -	20,56	ن المحالية
	MAPU		, Flor	ida <u> </u>	
	(City)			(Zip code)	
	gent's acceptance:				ع المالية
		and to accept se	ervice of proce	ess for the above stated	l corporation at the place
			_		ee to act in this capacity. I
	comply with the provision				
aunes, ana 1 am j	familiar with and accep	ı ine obuga <del>no</del> n	s of my positi	on us registereu 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:

DIRECTORS	
rman:	
ress:	:
Chairman:	
ress:	
CSS	
ctor:	
ress:	
ctor:	
ress:	
	** 4.
DEFICERS  dent: MICHAEL GARREN  TOTAL GARREN  SMYRNA GA 30082	
President: IRVI~ SOSEPH	
ess: 19451 NE 17 AVE	
d	+
etary: Bruce HAAS	
ess: 2111 NW 60" CINCLE DOCK RATON FL 33496	
surer: LORN LETTMAN	
	• ;.
ess: 7700 N KENDALL DR #415 MIAMI FL 33156	غبد
TE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
MICHAEL GARREIT	,
(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 POCKET NUMBER : 020351101
CONTROL NUMBER : 0151390
DATE INC/AUTH/FILED: 11/20/2001
JURISDICTION : GEORGIA
PRINT DATE : 02/04/2002

FORM NUMBER : 211

TRITON & ASSOCIATES INC.
MICHAEL GARRETT
975 COBB PLACE BLVD STE 113
KENNESAW, GA 30144

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, a hereby certify under the seal of my office that

#### TRITON & ASSOCIATES, 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 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 Secretary of State