# F02000002112

### TRANSMITTAL LETTER

	TRANSMITTAL LETTER  Registration Section Division of Corporations
TO:	Registration Section Division of Corporations
SUB	ECT: PARAMOUNT PARTNERS, LTD
	(Name of corporation - must include suffix)
Dear S	r or Madam:
"Certi	closed "Application by Foreign Corporation for Authorization to Transact Business in Florida", cate of Existence", and check are submitted to register the above referenced foreign corporation act business in Florida.
Please	return all correspondence concerning this matter to the following: 100004953251-
	ROBERT C. REEVES
	(Name of Person) W62 -5014
	PARAMOUNT PARTNERS, LTD.
	(Firm/Company)
	5784 Lake Forrest Drive, Suite 100
•	(Address) Atlanta, Georgia 30328
_	(City/State and Zip code)
For fu	ther information concerning this matter, please call:
Rober	t C. Reeves at (404) 255-0350 Cell 404-697-9842 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number) $F02-21/2$
Regis Divis 409 I	ET ADDRESS: ration Section Registration Section Division of Corporations Gaines St. P.O. Box 6327 Tallahassee, FL 32314
Enclo	ed is a check for the following amount:
□ \$7	0.00 Filing Fee



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 21, 2002

ROBERT C. REEVES 5784 LAKE FOREST DR., STE 100 ATLANTA, GA 30328

SUBJECT: PARAMOUNT PARTNERS, LTD. Ref. Number: W0200005014

We have received your document for PARAMOUNT PARTNERS, LTD. 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 402A00010670

### PARAMOUNT

Partners, Ltd. 5784 Lake Forrest Drive Atlanta, Georgia 30328 Office: (404) 255-0350

> April 16, 2002 Florida Department of State Registration Section Divisions of Corporations Tallahassee, Florida 32399

Re: Paramount Partners, Ltd. Ref # WO200005014

To Whom It May Concern:

Enclosed you will find the Certificate of Existence from the Secretary of State of Georgia showing the change in name of Paramount Partners, Ltd. to Paramount Partners, Inc. as required by the State of Florida.

Also enclosed you will find the following:

Copy of your letter of February 21, 2002
Certificate of Existence
Copy of Certificate of Incorporation
Application for Authorization to Transact Business in Florida

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If you have any questions, please call me at 404-697-9842.

Best regards,

Paramount Partners, Inc.

Robert C. Reeves

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSI	NESS IN THE STATE OF FLO	ORIDA.
TAC PCC 1 PARAMOUNT PARTNERS, LFD.		
(Name of corporation; must include the word "INCORPORATED",	"COMPANY", "CORPORATION	V" or
words or abbreviations of like import in language as will clearly indinatural person or partnership if not so contained in the name at prese	cate that it is a corporation instead	l of a
	111.)	
2. Georgia3	<u>N/A</u> (FEI number, if applic	
(State or country under the law of which it is incorporated)	(FEI number, 11 applic	anie)
*• <del></del>	putal	712)
(Date of incorporation) (Du	ration: Year corp. will cease to e	xist or "perpetual")
6"upon qualification"		
(Date first transacted business in Florida. If corporation has not trans (SEE SECTIONS 607.1501, 607	cacted business in Florida, insert " .1502 and 817.155, F.S.)	upon qualification.")
7. Paramount: Partners, Tipe		
(Principal office address) 5784 Lake Forrest Drive, Suite 100		
Atlanta, Georgia 30328		
(Current mailing address)		·
C-17 I are and and the manual costin	·ity of Dool Fotato	Company
8. Sell, Lease and conduct normal active (Purpose(s) of corporation authorized in home state or country)		
9. Name and $\underline{\text{street address}}$ of Florida registered agent: (P.C	). Box or Mail Drop Box <u>NOT</u>	<u>`</u> acceptable)
NameRobert C. Reeves	<del>-</del>	·
Office Address: 99 Astor Street, #205		S 55.
		OZ APR 25
	_ , Florida <u>32073</u> (Zip code)	
(City)	(Zip code)	<b>ហ</b> េក្សី មានស
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of	of process for the above stated	corporation at the place
designated in this application, I hereby accept the appointment further agree to comply with the provisions of all statutes related	i as registered agent and agre- tive to the proper and complet	e performance of my
duties, and I am familiar with and accept the obligations of m	y position as registered agent.	
( A A A A A A A A A A A A A A A A A A A	- 0 0	
NUOTE VUO		
(Registered agent's signat	ture)	
11. Attached is a certificate of existence duly authenticated, no	more than 90 days prior to de	livery 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/o	or directors:
A. DIRECTORS None	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
B. OFFICERS	
President: Chief Executive Officer	Robert C. Reeves
,	
Address:	Suwanee, GA 30024
Address:	
Chief Financial Officer	R. Chadwich Reeves
Secretary: / Chief Financial Officer	_ =
Address:	3940 Magnolia Leaf Lane
Treasurer: See Above CFO	Suwanee, GA 30024
Address:	
NOTE: If necessary vot may attach an addendum t	o the application listing additional officers and/or directors.
V P	
13. (Signature of Chairman, Vice Chairm	man, or any officer listed in number 12 of the application
	dent/Chief Executive Officer
(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

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FORM NUMBER

PARAMOUNT PARTNERS, INC.

5784 LAKE FORREST DRIVE ATLANTA, GA 30328

#### 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

#### PARAMOUNT PARTNERS, 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 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.