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TRANSMITTAL LETTER  TRANSMITTAL LETTER  DIVISION OF CORPORA  TO: Registration Section
TRANSMITTAL LETTER  DIV, ION OF CORPORATIONS  TO: Registration Section Division of Corporations  SUBJECT: Valu-Lodge of PanamaCity, Inc
SUBJECT: Valu-Lodge of Panama City, Inc (Name of corporation - must include suffix)
Dear Sir or Madam:
The 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 to transact business in Florida.
Please return all correspondence concerning this matter to the following:  Melton Harrell
Valu-Lodge of Panama City, Inc (Firm/Company)
2200 Northlake Pkwy Ste 277
(Address)  TUCKER GA 30084  (City/State and Zip code)
For further information concerning this matter, please call:  3000533513306/24/0201081022 *****78.75 *****78.75

Melton Harrell at (770) 9391801 x 118 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

□ \$70.00 Filing Fee

☐ \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy

☐ \$87.50 Filing Fee, 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.
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDATION.  (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.)
2. Georgia 3. Oppled for (FEI number, if applicable)
4. 5/30/02 5. (Duration: Year corp. will cease to exist of "perpetual")
6. Upon 9. Ualification  (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.)
7. 2200 Northlake Pkwy Stc 277 Tucker 6 A 30084  (Principal office address)  4810 W Hwy 98 Panama City F1 32401  (Current mailing address)
8. (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 Box NOT acceptable)
Name: Gail Brown
Office Address: 4810 W HWY 98  Panama Cty, Florida 30401 (City) (Zip code)
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

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 directors: A. DIRECTORS Chairman: \_\_\_\_\_ Address: \_ Vice Chairman: \_ Address: \_ Director: \_ Address: \_ **B. OFFICERS** Vice President: \_ Address: \_\_\_ Secretary: \_ Address: \_ Treasurer: \_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. // // Saney

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Melton Harrell, President

(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

VALU-LODGE OF PANAMA CITY MELTON HARRELL 2200 NORTHLAKE PKWY STE 277 TUCKER, GA 30084 CONTROL NUMBER : 0228457
DATE INC/AUTH/FILED: 05/30/2002
JURISDICTION : GEORGIA
PRINT DATE : 06/14/2002

FORM NUMBER : 211



## 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

VALU-LODĜE OF BANAMA CITY, ÎNC A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 100

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 pending with the Secretary of States.

This information is electronically transmitted, issued and certified in 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.

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Cathy Cox Secretary of State