COR O ATE	00		1	aa	>
ACCASS, INC. P.O. B	23 East on ox 37066 (32315-7066)	enue Trahass ~ (850) 2. 2666	, Hariday 2303	Fax (F D) 222- 566	3
	WAI	KIN			

PICK UP 8-6-02 CERTIFIED COPY РНОТО СОРУ (CORPORATE NAME & DOCUMENT #) *****87.50 *****87.50 3.) _____(CORPORATE NAME & DOCUMENT #) DIVISION OF CORPORATION (CORPORATE NAME & DOCUMENT #) AUG 5.) (CORPORATE NAME & DOCUMENT #) 金の 2 SPECIAL INSTRUCTIONS

"When you need ACCESS to the world" 10 AUVL 38035

CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

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 C1a	assic City Doughnut Company			
(Name of corpor	ration; must include the word "INCORPOR	ATED", "CO	MPANY", "CORPORATION" or	
words or abbrev	iations of like import in language as will cl	early indicate	that it is a corporation instead of a	
natural person of	r partnership if not so contained in the nam	e at present.)		
	orgia	_3	58-22/19/19	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
4 10-	-27-1995	-	20-1-0	
4. <u>10-</u>	-27-1995 cof incorporation)		on: Year corp. will cease to exist or "perpetua	
(Date	s of incorporation)	(Duranc	on: Year corp, will cease to exist or "perpetua	u'')
	on Qualification			. 8
(Date first transact	cted business in Florida. If corporation has	not transacte	d business in Florida, insert "upon qualification	<u>(3)</u> <u>E</u> S
	(SEE SECTIONS 607.1	501, 607.150	2 and 817.155, F.S.)	E OS
7 292	22 Berkfield Drive, Augusta,	Coordin	20000	So Firm
7	(Principal office		30909	一步震
		address)		P 2250
(sa	ime)			
	(Current mailing	address)		- 33
				<u> </u>
8. All lav	vful business purposes			0,
(Purpose(s	s) of corporation authorized in home state of	or country to b	e carried out in state of Florida)	· - ·
			·	
9. Name and stre	<u>eet address</u> of Florida registered age	nt: (P.O. Bo	ox or Mail Drop Box NOT acceptable)	
N T	Jeffrey C. Shannon			
Name: _	Jerriey C. Shannon		• • =•	·
Office Address:	501 E. Kennedy Blvd., Su	ite 1700		
Office Hadress,			•	
	Tampa	. FI	orida 33602	
•	(City)	, ,	orida <u>33602</u> (Zip code)	• •
	, ,		, ,	
	gent's acceptance:			
Having been nam	ed as registered agent and to accept s	ervice of pro	cess for the above stated corporation at	the place
daniam na da	application I haveby account the apple	Sudui and an u	andotes all measure and some of a single to the	aamaaite Y
aesignatea in this	upplication, I neverly accept the appo	inimeni as r	egistered agent and agree to act in this c	capacuy. 1
further agree to c	omply with the provisions of all statu	tes relative to	the proper and complete performance	of my
further agree to c	omply with the provisions of all status Camiliar with and accept the obligation	tes relative to	the proper and complete performance	of my
further agree to c	omply with the provisions of all statu	tes relative to	the proper and complete performance	of my
further agree to c	omply with the provisions of all statu	tes relative to	the proper and complete performance	of my
further agree to c	omply with the provisions of all statu	tes relative to	the proper and complete performance	of my
further agree to c	omply with the provisions of all status	tes relative to	the proper and complete performance	eapacity. I
further agree to c duties, and I am f	omply with the provisions of all status familiar with and accept the obligation (Registered agent	tes relative to ns of my post	the proper and complete performance ition as registered agent.	of my
further agree to c duties, and I am f	omply with the provisions of all status familiar with and accept the obligation (Registered agent certificate of existence duly authentica	tes relative to as of my post 's signature) ted, not more	the proper and complete performance ition as registered agent. e than 90 days prior to delivery of this ap	of my
further agree to c duties, and I am f	omply with the provisions of all status familiar with and accept the obligation (Registered agent certificate of existence duly authentica	tes relative to as of my post 's signature) ted, not more	the proper and complete performance	of my

A. DIRECTORS Chairman: __ Address: __ Vice Chairman: __ Address: _ Director: __ Address: ___ Director: ____ Address: **B. OFFICERS** President: Address: ____ Vice President: Address: ___ Secretary: Linda T. Guthrie Address: 2922 Berkfield Place, August, GA 30909 Treasurer: Address: NOTE: 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) Frank E. Guthrie, Chief Executive Officer

(Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors:

ADDENDUM

ADDITIONAL OFFICERS

Frank E. Guthrie, Chief Executive Officer 2922 Berkfield Place Augusta, Georgia 30909

Frank D. Guthrie, Vice President and Treasurer 2711 Brick Run Place Augusta, Georgia 30909

DIVISION OF PH 1: 34

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 021921009 CONTROL NUMBER : K532421 DATE INC/AUTH/FILED: 10/27/1995 JURISDICTION : GEORGIA PRINT DATE : 07/11/2002

FORM NUMBER : 211

FOWLER WHITE KEVIN NELSON 501 E. KENNEDY BLVD STE 1700 TAMPA, FL 33602

CERTIFICATE OF EXISTENCE

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

CLASSIC CITY DOUGHNUT COMPANY 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