# FOOOOOOOOOO

**TO:** Registration Section Division of Corporations

SUBJECT: The Strategies Group 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:

Louise E Hintz	<u>e</u> 00:	00066540600 -07/25/02-01023013
C	(Name of Person)	<del>-07/25/020102</del> 3013 *****87.50 ****87.50
Strategies Grou	ρ	დოდოლე!.ეც ოლოლოდე!.ეც
<u> </u>	(Firm/Company)	
190 Technology	Parkway Svite	400
	(Address)	
Norcross GA	30043	
	(City/State and Zip code)	
		11.0~?

For further information concerning this matter, please call:

wod 21653

(Name of Person) at (404) 816 · 8177

(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 F

☐ \$78.75 Filing Fee & Certificate of Status

□ \$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 26, 2002

LOUISE E. HINTZE STRATEGIES GROUP 190 TECHNOLOGIES PARKWAY SUITE 400 NORCROSS, GA 30043

SUBJECT: THE STRATEGIES GROUP INC.

Ref. Number: W02000021653

We have received your document for THE STRATEGIES GROUP 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6094.

Letter Number: 302A00045478

Agnes Lunt Document Specialist D2 AUG 13 AM 9: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

THE COLOR LANGE WITH CECTION 607 1503 FLORID.	
IN COMPLIANCE WITH SECTION 607.1503, PLONIDA REGISTER A FOREIGN CORPORATION TO TRANSAC	DA STATUTES, THE FOLLOWING IS SUBMITTED TO ACT BUSINESS IN THE STATE OF FLORIDA.
1. The Strategies aroup Ir (Name of corporation; must include the word "INCORPOR words or abbreviations of like import in language as will cle natural person or partnership if not so contained in the name	clearly indicate that it is a corporation instead of a
	3. 58 - 2539734
2. (State or country under the law of which it is incorporated)	
(Date of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
<b>\</b>	
	nas not transacted business in Florida, insert "upon qualification.") 7.1501, 607.1502 and 817.155, F.S.)
7. 190 Technology Parkwa	ce address)
Same	se address)
(Current mailing	ng address)
8. Software Sales (Purpose(s) of corporation authorized in home state of	A C 2
L III DOSC(2) Of COLDOLARION AGENOMES IN NOVING	e of colluity to be carried out in state of r for any
· · · · · · · · · · · · · · · · · · ·	AT S
9. Name and street address of Florida registered age	gent: (P.O. Box or Mail Drop Box NOT acceptable)
9. Name and <u>street address</u> of Florida registered age	gent: (P.O. Box or Mail Drop Box NOT acceptage)
9. Name and <u>street address</u> of Florida registered age	gent: (P.O. Box or Mail Drop Box NOT acceptage)
9. Name and <u>street address</u> of Florida registered age	gent: (P.O. Box or Mail Drop Box NOT acceptage)
9. Name and street address of Florida registered age	gent: (P.O. Box or Mail Drop Box NOT acceptage)
9. Name and street address of Florida registered age  Name: Ron Smith  Office Address: 913 Gulf Breeze Par  Gulf Breeze  (City)  10. Registered agent's acceptance:  Having been named as registered agent and to accept the appropriate of this application. I hereby accept the appropriate of the appro	gent: (P.O. Box or Mail Drop Box NOT acceptable)  Arkway  Solite 32  Plant 29  The service of process for the above stated corporation at the place oppointment as registered agent and agree to act in this capacity. In that the proper and complete performance of my
9. Name and street address of Florida registered age  Name: Ron Smith  Office Address: 913 Gulf Breeze Part  Gulf Breeze  (City)  10. Registered agent's acceptance:  Having been named as registered agent and to accept designated in this application, I hereby accept the application of all status.	gent: (P.O. Box or Mail Drop Box NOT acceptable)  Arkway  Solite 32  Plant 29  The service of process for the above stated corporation at the place oppointment as registered agent and agree to act in this capacity. In that the proper and complete performance of my

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: Director: Address: \_ **B. OFFICERS** President: O. Randall Collins 390 Wentworth Court GA 30097 Vice President: David Deer Hollow Way Address: Norcross GA 30092 E Hintze Secretary: Louise Address: 6377 E Deer Hollow Way Norcross GA 30092 Treasurer: \_\_\_\_\_ Address: \_\_

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

13. Out Claiman, Vice Chairman, or any officer listed in number 12 of the application)

14. OUISE E Hintze

(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 DOCKET NUMBER : 021540759
CONTROL NUMBER : 0018837
DATE INC/AUTH/FILED: 04/20/2000
JURISDICTION : GEORGIA
PRINT DATE : 06/03/2002

FORM NUMBER : 211

THE STRATEGIES GROUP, INC.
RONDA WILLIS
190 TECHNOLOGY PARKWAY STE 400
NORCROSS, GA 30092

PILED 9: 21
SECRETARY OF STATE
SECRETARY SEE, FLORIBA

#### 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

## THE STRATEGIES GROUP, 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