

Division of Corporations								
SUBJECT: Investors Development Services, 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 o transact business in Florida.								
Please return all correspondence concerning this matter to the following:								
James W. Field	T.							
(Name of Person) SSE →	≓. Π							
Investors Development Services, Inc.	フ							
(Firm/Company)								
567 Devils Lane								
(Address)								
Naples, FL 34103								
(City/State and Zip code) 30008303533001 -10/10/0201033001 *****78.75 *****78.								
For further information concerning this matter, please call:								
James W. Field at ( 770 ) 612-3381								
(Name of Person) (Area Code & Daytime Telephone Number)								
	·/  •							
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314								
Enclosed is a check for the following amount:  \$\Bigcup \text{\$\frac{1}{3}\$} \text{\$\frac{1}{								

## 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. Investors	Development Services, Inc.			
words or abbrev	ration; must include the word "INCORPOR riations of like import in language as will club partnership if not so contained in the name	early i	ndicate that it is a corporation instead of a	
<sub>2.</sub> Georgia		3	58-2548853	
	under the law of which it is incorporated)	_	(FEI number, if applicable)	_ :
4. May 5, 2	2000	5.	Perpetual	
(Dat	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	<del>,</del>
6. Upon Qua	alification		*	
(Date first transa	ected business in Florida. If corporation has (SEE SECTIONS 607.1	not tr	ansacted business in Florida, insert "upon qualification.	
<sub>7.</sub> 6400 Rive	erchase Circle, Atlanta, GA 3032	28		)CT
	(Principal office	addre	ss)	
567 Devi	ls Lane, Naples, FL		HQ.	No. of the least o
• • • • • • • • • • • • • • • • • • • •	(Current mailing	addre	SS) STA	- 10:
8. Asset man	agement and Development mana	agen	nent Sm	
··	(s) of corporation authorized in home state of	or cour	ntry to be carried out in state of Florida)	
9. Name and str	eet address of Florida registered age	nt: A	P.O. Box or Mail Drop Box NOT acceptable)	
Name:	James W. Field			
Office Address:	567 Devils Lane			
	Naples			-
	(City)		, Florida(Zip code)	-
Having been nan designated in thi further agree to	s application, I hereby accept the appo	intme tes rel	<u> </u>	pacity. I

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. DIRE				
	James W. Field			<del></del>
Address: _	567 Devils Lane		<del></del>	<del></del>
_	Naples, FL 34103			<u>.</u>
Vice Chair	man:			<del></del>
Address: _		<del></del>	<del></del>	<del></del>
_		···		_
Director:		·		
Address: _		<del></del>		<del></del>
-		· · · · · ·		
Director:		<del></del>		<del></del>
Address: _			<del></del>	<del></del> , ,
B. OFFI	CERS			<del></del> -
President:	James W. Field		8	
Address:	567 Daville Lane	AL.	767	
	Naples, FL 34103	SSEE	3	FILE
Vice Presi	ident:	ESE FINE	EH ID	<del>-</del>
Address:				<del></del>
				····
Secretary:			·	<del></del>
Address:				
Treasurer:				<del></del>
Address:				
NO KE	If necessary, you may attach an addendum to the application listing additional officers and/or	firectors	·s	
13.	A Maria XI			
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appli	cation)		- *
14. Ja	ames W. Field, Chairman			
	(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 CONTROL NUMBER : 0021412
DATE INC/AUTH/FILED: 05/05/2000
JURISDICTION : GEORGIA
PRINT DATE : 09/24/2002
FORM NUMBER : 211

MCCAFFREY & RAIMI, P.A.
JUDITH E. MCCAFFREY
5811 PELICAN BAY BOULEVARD
SUITE 206-A
NAPLES, FL 34108

## 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

NVESTORS DEVELOPMENT SERVICES.

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.

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 State.

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