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(Re	questor's Name)					
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(Cit	y/State/Zip/Phone	e#)				
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## TRANSMITTAL LETTER

		TRANSMI	TTAL LETTER	ALA SCENE	3/0
TO:	Registration Se Division of Co.				10.5 10.5
SUBJ	ECT: <u>G</u> e	(Name of corp	Amoca, Tuc oration - must include suffix)		The second
Dear S	ir or Madam:		-		
"Certif	closed "Applications of Existence of Existen	e", and check are submitte	n for Authorization to Transact E d to register the above referenced	Business in Florida", I foreign corporation	
Please	return all corresp	pondence concerning this n	natter to the following:		
	Edoar	Pariett	<del></del>		
		(Nar	me of Person)		
(	Seogge	Stown A	maca Inc	: <u>-</u>	_
	. 00	(Firm	n/Company)		
	709	Piney Pla	ice	<u> </u>	
	Τ',	. (	Address)		
	JACK	SONVILLE.	<u>FI 32259</u>		
		(City/S	tate and Zip code)		
For fur	ther information	concerning this matter, ple	ease call:		
- • • • • • • •		, p			
Ed	AR PR	1:++ at (90	14 237-3804	1	
- 1	(Name of Perso	on) (A	area Code & Daytime Telephone	Number)	
Registr Divisio	ET ADDRESS: ation Section in of Corporation	18	MAILING ADDRESS: Registration Section Division of Corporations		
	Gaines St. ssee, FL 32399		P.O. Box 6327  — Tallahassee, FL 32314		
		the following amount:	Tatianassoc, TL 32314		
⋾\$70.	00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 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.
(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. George 3. 58-2453528 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. O3 26 1999 (Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification.") (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. 709 Piney Place Jacksonville, Fl 32259 (Principal office address)
195 Monticello Way fairburn, GA 23049 (Current mailing address)
8. Purchase Rent & Sell Residential Real Estate (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: Edgar TRuitt
Office Address: TD9 Piney PACE
JACKSod VIIIe. Florida 32259 (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 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.
8A. P. A.

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.

(Registered agent's signature)

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

A. DIRECTO	ORS									
Chairman:		<u> </u>		<del>-</del>	<u> </u>	* .			<del></del>	¥ **
Address:					1	· -			8	
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Vice Chairman:		45				11.	<del></del>	150	કરું <b>'</b> ૧૯૦	2 (
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Director:		<del></del>	<del></del>	<u> </u>	<u> </u>	•	<u> </u>	4	<u> </u>	··· <u> </u>
Address:	·						144		· -	· .
						<u> </u>				
B. OFFICER	S			-						
President:	dask	F	3,101	<u> </u>						
Address:	700	Denov	Place							
Address:	Toolo	my le	$\sim$							
		SWVIILE,		70101	59					
Vice President:	LARA	Mar.	RU	1. <del>1. 1 </del>						
Address:	109	tiver	- FA	C-e						a 5
<del></del>	JACKS	Bowlille	<u>, 'l</u>	30.	259_	<del>_</del>			<u>.</u>	<u> </u>
Secretary:		12 _ = #					3. / <del></del>			···
Address:		<u></u>	<u> </u>		<u> </u>		<u></u>		¥-	
Treasurer:		. ·		= :	25.			· · · · · · · · · · · · · · · · · · ·		
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NOTE: If nec	essary, you may	attach an adden	dum to the	application	ı listing addi	tional o	fficers	and/or dir	ectors.	
13		- رــــــــــــــــــــــــــــــــــــ		=			·_ <del>-</del>			21
ļ	(Signature of	Chairman, Vice	Chairman,		B C		12 of th	e applicat	ion)	· <del></del>
14. <u>E</u>	dgar	Pui	<u>H</u>	Resid	dent A	wd.	C5	0_		nes 6
	' (Type	d or printed nam	e and capa	city of person	on signing ap	plicatio	on)			

### **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

GEORGETOWN AMOCO, INC KOTA SUTTLE 3224 SILVER LAKE DRIVE ATLANTA, GA 30319 CONTROL NUMBER : K913716
DATE INC/AUTH/FILED: 03/26/1999
JURISDICTION : GEORGIA
PRINT DATE : 01/07/2003

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

GEORGETOWN AMOCO, INC.

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