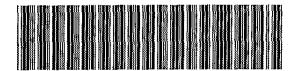
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special instructions to	Filing Officer:	

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: ATLANTIC PINES PROPERTIES, INC., A MARYLAND CORPORATION
(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:
HOLLY EAKIN MOODY, ESQ.
(Name of Person)
HOLLY EAKIN MOODY, P.A.
(Firm/Company) 2900 EAST OAKLAND PARK BLVD.
(Address)
FT. LAUDERDALE, FLORIDA 33306 ∞
(City/State and Zip code)
For further information concerning this matter, please call:
JEAN at (954) 566-7417
(Name of Person) (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 Pivision 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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy 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.

1.		ntic Pines Propert					
		ation; must include the word					
		iations of like import in langu			s a corporation instead of	a	
	natural person o	r partnership if not so contain	ed in the name at pres	ent.)			
2.	Mary	land	3	52	-1723421		
	(State or country	under the law of which it is it	ncorporated)	_ (FEI number, if applicable	e)	
		4. 4000	.	Pormat:	Ter:		•
4.		e 14. 1990 e of incorporation)	5		r corp. will cease to exist	or "nemetial")	
	(Dati	or meorporation)	(0	diadon. 100	t corp. will coase to exist	or perpension,	
	Upor	qualification					:
	(Date first transa	cted business in Florida. If co				on qualification.")	
		(SEE SEC	CTIONS 607.1501, 60	7.1502 and 8	17.155, F.S.)	_ 4	
7	400	142 Charact Ocean C	tter Marriano	21842)3 3 SE	1
1.	408	142 Street Ocean C	incipal office address)			3 9	É.
		(2.2	morpat oxioco acatecas,			(2) Pr	艺生
	2630	North Salisbury B	lvd. Salisbur	y. Maryl	and 21801		25
			urrent mailing address)			2 3	
						ي منظمة مسم	£C.
a	Real	Estate Ownership				Ö.	
8.		Estate Ownership	n home state or countr	y to be carrie	d out in state of Florida)	AH 10: 18	器器
8.		Estate Ownership s) of corporation authorized in	n home state or countr	y to be carrie	d out in state of Florida)		AND SE
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	(Purpose(s) of corporation authorized in	gistered agent: (P.0			න	ATOMS .
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	(Purpose(Name and str Name:	s) of corporation authorized in eet address of Florida reg Gregg Schmehlin 555 N. Ocean Blv	gistered agent: (P.0 g., #79		Iail Drop Box <u>NOT</u> ac	න	ATOMS
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0. 10 Hi de	(Purpose(Name and str Name: ffice Address: Registered a aving been nanesignated in this	get address of Florida reget and the following of the following of the following address registered agent and application, I hereby according to the following address registered agent and the following agent agen	gistered agent: (P.0 d., #79 d to accept service of tept the appointmen	O. Box or M , Florida of process for tas register	ail Drop Box NOT ac 33308 (Zip code) or the above stated cored agent and agree to	ceptable) poration at the place act in this capacity	
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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. DIRECTORS Chairman: ___ Vice Chairman: _ Address: _ Address: ____ Director: **B. OFFICERS** President: Gregg Schmehling Address: 2630 N. Salisbury Blvd., Salisbury, MD 21801 Vice President: Address: _ Margaret Schmehling Secretary: _ 2630 N. Salisbury Blvd., Salisbury, MD 21801 Address: _____ Margaret Schmehling Treasurer: ___ 2630 N. Salisbury Blvd., Salisbury, MD 21801 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) (Typed or printed name and capacity of person signing application)

STATE OF MARYLAND

Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ATLANTIC PINES PROPERTIES. INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 13, 2003.

Paul B. Anderson Charter Division

FUB. Under

DIVISION OF CORPORATIONS
03 MAY 21 AM ID: 18



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097