F03000002722

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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
. (Document Number)
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2003 MAY 28 AM 8: 35

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Smith Lanier (Name of corpor	+ Co. Administra ration - must include suffix)	tors, Inc.
Dear Sir or Madam:			
	and check are submitted	for Authorization to Transact to register the above reference	
Please return all correspond	lence concerning this ma	atter to the following:	
Nati	alie Loucks		
	(Name	e of Person)	
J. Smith	1 Lanier + Co.	· 	是 美工
	(Firm/	Company)	10 00 W
300	W. 10th St.	<u></u>	SSECOND FELONDALIS
	(A	ddress)	. E. O. G.
W	est Point, GA		9,75
	(City/Sta	te and Zip code)	マか
For further information con	cerning this matter, pleas	se cail:	
Natalle Loucks	at (700	, 645-8291	
(Name of Person)		ea 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:		
O \$70.00 Filing Fee 😿	\$78.75 Filing Fee & Certificate of Status	Cortified Copy	J \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	ED TO . =
J. Smith Lanier & Co. Administrators, Inc.	<u>.</u>
(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. Glorgia 3. 62-1713672 (State or country under the law of which it is incorporated) (FEI number, if applicable)	·
	-
4. 9/30/97 5. Perpetual (Duration: Year corp. will cease to exist or "per	7-60-011)
HAND AUALLY AT'S A	pecual)
6. (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon quarif	fication A
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. 47 Postal PKWY. Newnan, GA 30243-2885	100 m
(Principal office address)	M 6: 35
(Game as above) (Current mailing address)	- 62 3
(Ontivit timing unusus)	TO THE
8. Insurance	
(Decomposity of appropriation and in home state on provide to be remited out in state of Climida)	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
	€)
	e)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable Name: GUIFShore INSURANCE CO:	e)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable Name: GUIFShore Insurance (D. Office Address: 4100 Goodlette RA, N Ste. 100	e)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable Name: Gulf Shore Insurance Co. Office Address: 4100 Goodlette Rd, N St. 100 Naples Florida 34103	e)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable Name: GUIFShore Insurance (D. Office Address: 4100 Goodlette RA, N Ste. 100 Florida 34103 (City) (Zip code)	ε) -
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable Name: GUIFShore Insurance (D. Office Address: 4100 Goodleffe RA, N Str. 100 Florida 34103 (City) (Zip code) 10. Registered agent's acceptance:	، در ده م
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable Name: Gulf Short Insurance (D. Coffice Address: 4100 Goodleffe Rd., N St. 100 (Zip code) Naples (City), Florida 34103 (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation designated in this application, I hereby accept the appointment as registered agent and agree to act in the state of the accept agent and agree to act in the state of the accept agent and agree to act in the state of the accept agent and agree to act in the state of the accept agent and agree to act in the state of the accept agent and agree to act in the state of the accept agent and agree to act in the state of the accept agent and agree to act in the accept agent agent agent and agree to act in the accept agent age	on at the place this capacity. I
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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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: J. Smith Lanier II Address: 300 W. In+n St. ; West Point, GA 31833 Vice Chairman: William T. Parr .Tr. Address: 300 W. 10th St.; West Point, GA 31833 Address: _ B. OFFICERS President: Michael HOUSEY Address: 47 POSTAL PKWY; NEWMAN, Gt 30263-2885 Vice President: D. Gaines Lanier Address: 300 W. 10th Gt: West Point, GA 31833 47 Postal RKWy: Newnan, GA 30263-2885 C.F.D.: Frank Plan Address: 300 W. 10th St.; West Point, GA 31833 NOTE: If necessary, you may attachen 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)

Secretary of State

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

DOCKET NUMBER : 031290243
CONTROL NUMBER : K734722
DATE INC/AUTH/FILED: 09/30/1997
JURISDICTION : GEORGIA
PRINT DATE : 05/09/2003

FORM NUMBER : 211

J. SMITH LANIER & CO., INC. NATALIE LOUCKS
P. O. BOX 70
WEST POINT, GA 31833



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

J. SMITH LANIER & CO. ADMINISTRATORS, 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