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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RS INVESTIGATIONS 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:	T
RAYMOND L. JACKSON	(
(Name of Person)	
RAYMOND L. JACKSON (Name of Person)  R5   NVESTIGATIONS   nc (Firm/Company)	<u>.</u>
(Firm/Company)	7
Stone Mountain Caescent 325 Stone Mountain 6a. 30087	
(Address)	
Stone Mountain Ga. 30087	
(City/State and Zip code)	
For further information concerning this matter, please call:	
(Name of Person) at (770) 9/2-1399  (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations	
409 E. Gaines St. P.O. Box 6327	
Tallahassee, FL 32399 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. RJ INVESTIGATIONS INC.	1
(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. (State or country under the law of which it is incorporated) (FEI number, if applicable)	۲۰٫
21.7	5
4. S/30/94 5. (Duration: Year corp. will cease to exist or "perpetual")	ē
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. 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. 10300 SW Zoth Court Mixamun FL. 33025 (Principal office address)	
(Principal office address)	
(Principal office address)  5674 Mountain Cuescent Store Mountain 6a.30087  (Current mailing address)	
(Current mailing address)	
8. Business (INVESTIGATIONS)	
(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: RAYMONE Jackson  Office Address: 10300 SW 20th Count  MIRAMAN, Florida 33025  (City) (Zip code)	
Office Address: 10300 SW 20th Court	
MIRAMAN Florida 33025	
(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. 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.	I
Rayne But	
(Registered agent's signature)	

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. DIRECT	ORS .
Chairman:	
Address:	
Vice Chairman	The state of the s
Address:	
<del></del>	
Director:	
Address:	The state of the s
j	
B. OFFICEI President:	***
Address: _5	134 Mountain Chescert
<u>.</u>	Stone Mountain 6a. 30087
Vice President:	
Address:	
:	
Secretary:	
Address:	
Treasurer:	
Address:	
1	
NOTE: If ne	cessary, you may attach an addendum to the application listing additional officers and/or directors.
13/ <i>Ca</i>	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  Aymond Jackson President
14	(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 : 031910443
CONTROL NUMBER : K422191
DATE INC/AUTH/FILED: 08/30/1994
JURISDICTION : GEORGIA
PRINT DATE : 07/10/2003

FORM NUMBER : 211 4,

RJ INVESTIGATIONS, INC.

5674 MOUNTAIN CRESCENT STONE MOUNTAIN, GA 30087

#### 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

## RJ INVESTIGATIONS, 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