

Electronic Filing Cover Sheet

Public Access System

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H030002632013)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

FOREIGN PROFIT QUALIFICATION

Landair Mapping, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

03 AUG 28 PM 3: 57 JIVISION OF CORPORATION

·\$ 2800

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.	Landair Map				
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or				
	words or about	eviations of like import in la	nguage as will clearly indicate that it is a corporation instead of a		
	natural person	or partnership if not so con	ained in the name at present.)		
	O		3. 22-3813150		
	Georgia				
	(State or count	ry under the law of which it	is incorporated) (FEI number, if applicable)		
4.	06/29/2001		5, perpenal		
		ate of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
6.	upon qualific	ation	Store C		
		sacted business in Florids.	f corporation has not transacted business in Florida, insert "upon qualification.")		
		(See s	ECTIONS 607.1501, 607.1502 and 817.155, P.S.)		
7.	401 Dividend	Drive, Suite K, Peachtree C	ity, GA 30269		
•••			(Principal office address)		
	401 Dividend	Drive, Suite K. Peachtree C	tu G4 30260		
,	HOI DIFFICULTA		Current mailing address)		
		· ·	Company manufacts		
_	4.44				
8.		aphy and mapping			
	(Purposi	e(s) or corporation attinorize	d in home state or country to be carried out in state of Fiorida)		
9.	Name and at	reet address of Florida	registered agent: (P.O. Box or Mail Drop Box NOT acceptable)		
	•				
	Name:	CT Corporation System	The state of the s		
Ωŧ	Gne Address	1200 South Pine Island Ro	nad		
Oi	lice Municia.	A O O CHARLE I LING IS MALE AC	413		
		Plantation,	Florida 33324		
		(City)	, Florida 33324 (Zip code)		
		(4.5)	(eith ocue)		
10.	Registered	agent's acceptance:			
Hq	ving been na	med as registered agent i	and to accept service of process for the above stated corporation at the place		
des	ignated in th	is application, I hereby a	ccept the appointment as registered agent and agree to act in this canacity. I		
fur	ther agree to	comply with the provisio	ns of all statutes relative to the proper and complete performance of my		
dui	ies, and I am	jamiliar with and accept	the obligations of my position as registered agent.		
			C T Corporation System		
		C ~! !	Mary sel accounts		
	Ву	· Dale SV. Y.	DALI W. MORRIS ASSISTANT VICE PRESIDENT		
	-	(1	legistered agent's signature)		
11.	Attached is a	certificate of existence d	uly authenticated, not more than 90 days prior to delivery of this application to		
me	nebarament c	f State, by the Secretary	of State or other official having custody of corporate records in the jurisdiction		

FLOIS - 12/17/02 CTSystem Colline

under the law of which it is incorporated.

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

Chairman: Richard T. Olive	
Address: 401 Dividend Drive, Suite K	
Peachtree City, GA 30269	
Vice Chairman:	
Address:	
Director:	
Address:	
Director;	Fr. 2
Address:	<u> </u>
	228
B. OFFICERS	2
President: SEE ATTACHMENT	် ညီ <u>ယ</u> <u>၂၈</u> ၂၂
Address:	#F 70
Vice President:	
Address:	·
	<u> </u>
Secretary:	
Address:	
Freagurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors	s.
3. 27 Muss	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
4, Richard T. Olive, President (Typed or printed name and canacity of parson signing application)	

71.019 - 13/17/02 C T System Culies

Attachment to Application by Foreign Corporation Landair Mapping, Inc. Officers

12-B. OFFICERS

Title	Namo	Business Address
President/VP/Sec/Treas.	Richard T. Olive	401 Dividend Dr., Suite K. Peachtree City, GA 30269
Assistant Secretary	Clair Ford	401 Dividend Dr., Suite K Peachtree City, GA 30269

03 AUG 28 PH 3: 52

Secretary of State
Corporations Division

315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0129650
DATE INC/AUTH/FILED: 06/29/2001
JURISDICTION : GEORGIA
PRINT DATE : 08/28/2003
FORM NUMBER : 211

CT CORPORATION SYSTEM BLISS RUSHTON 1201 PEACHTREE STREET, N.E. ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office than as of the above brint date

CHORALE PROVITE BORFORATION

is in compliance with the approcable filing and annual registration provisions of Title 14 of the Official Code of Caurota Annotated ()

Said entity was formed in the jurisdiction affated above for was authorized to transact business in Georgiaton the above date and has not filed articles of dissolution, certaficate of Cancellation or the caper similar document with the Office of the Setrecary of State.

This certificate relates only to the legs 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 was 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.

20030828151910143

Cathy Cox Secretary of State