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TRANSMITTAL LETTER

TO:	Registration Sec Division of Cor		•. <u></u> _			
SUBJ		Hawkins	Avenut	Corporat	ion	
БСБС	LC1			- must include suffix		
Dear S	ir or Madam:		· ·			
"Certif		e", and check are		uthorization to Transgister the above refer		
Please	return all corresp	ondence concern	ing this matter t	o the following:		
	R	icky I	Mita	1.011		
	<u>, </u>	icky L	(Name of I	Person)		
	#	aukins	Avenu	e Corpora	Tudit.	
			(Firm/Con	pany)		
		P.O.B.	ox 411	٥٩		
		P.O.B.	(Addre	ss)	<u></u>	
		Jacks	onville	EL 2	7202	Ş
			(City/State ar	id Ž ip code)	F	
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For fur	rther information	concerning this n	atter, please ca	11:		J M
Ric	(Name of Perso	Mitchell on)	at (qo')) 463- 015' ode & Daytime Telep	STATE STATE	TILED 8:00
Regist Division 409 E.	ET ADDRESS: ration Section on of Corporation Gaines St. assee, FL 32399		-	MAILING ADDRE Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	
Enclos	sed is a check for	the following am	ount:			
\$70	0.00 Filing Fee	S78.75 Filing		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate of Certified Co	f Status &

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.

Ι.	Hawkins Avenue Corporation	
	(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.	Georgia 3, 58-1810284	
Z.	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	2/26/1988 5 Perpetus	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetu	ıal")
6.	upon qualification	
	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualificat	ion.")
	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7	# L Airport Road, Vidalia GA 30474 (Principal office address)	
•		
	P.O. Box 4-1169, Jacksonville, FL 32203 (Current mailing address)	
	(Current mailing address)	
8.	Keal Estate development	77
	(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: Ricky L. Mitchell	
	Name: Kicky C. Mitchell	
Oi	Mice Address: 5521 Hyde Grove Ave.	
	Tule amilla	
	Jacksonville, Florida 32210	
	(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.

(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. DIRECTOR		<u></u> .	_			
Chairman:	R. L. Mitchell		· <u></u>			
Address:	5521 Hule Grove	e Ave.	<u></u>			
	Jacksonville, FL	32210	va. 44			
Address:	_	· · · · · · · · · · · · · · · · · · ·	- Ji	, <u>-</u>		
			**			
Director:	D. Mitchell					
	O. Box 1344					
	Vidalia GA 304					
Address:			·c			
, 	1,	4	. 4.			
B. OFFICERS						
President:	R. L. Mitchell		. يوديدون			
Address:	5521 Hyde G1	ore Ave	, * #	>		
مــــــــــــــــــــــــــــــــــــ	Jacksonville FL	3 2210				
Address:	- <u> </u>	<u> </u>	- Pinn	· .		
			<u>. 72</u>	<u> </u>		
Secretary:	D. Mitchell					
Address:	2.0. Box 1344, Vidal	in GA 30475				
Treasurer:			- - - -			
Address:		<u>.</u>				
NOTE: If necess	sary, you may attach an addendum to the	e application listing additions	al officers	and/or directors.		
13	Signature of Chairman, Vice Chairman,	or any officer listed in numb	per 12 of t	he application)		
Y 14		President				
(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 CONTROL NUMBER : J816239
DATE INC/AUTH/FILED: 08/26/1988
JURISDICTION : GEORGIA
PRINT DATE : 09/10/2003

FORM NUMBER : 211

HAWKINS AVENUE CORPORATION RICKY L MITCHELL PO BOX 41169 JACKSONVILLE, FL 32203

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do herebro certify under the seal of my office that as of the above print date

HAWKINS AVENUE CORPORATION

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.

20030910210603348



Cathy Cox Secretary of State