F03000005155

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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DIVISION OF COLFORATION



CT CORPORATION

October 16, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399



Re: Order #: 5943824 WO

Customer Reference 1: Weefla Company Customer Reference 2: Qualification

Dear Secretary of State, Florida:

Please file the attached:

Weefla Company (GA) Qualification Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Brigham Weir Fulfillment Specialist Brigham_Weir@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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.	Weefla Compa	any						
		oration; must include the word "INCORPOR viations of like import in language as will cl						
		or partnership if not so contained in the name						
^	Georgia		2	N/A				
۷.		y under the law of which it is incorporated)	_ 3:	N/A (FEI number, if applicable)				
	(State of count	y under the law of which it is incorporated)		(1 b) maniber, if appricable)				
4.			5.	Perpetual				
	(Da	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")				
6.	Upon Qualific	eation						
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")								
		, 607.1502 and 817.155, F.S.)						
7.	3179 Rockingh	nam Drive NW, Atlanta, GA 30327		# .				
		(Principal office	add	ress)				
	same							
		(Current mailing	add	ress)				
				,				
8	To engage in a	my business or activity permitted by law.						
٠.		(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)						
9.	Name and st	<u>reet address</u> of Florida registered age	nt:	(P.O. Box or Mail Drop Box NOT acceptable)				
	Name:	c/o C T Corporation System						
								
0	ffice Address:	1200 South Pine Island Road						
		Plantation		, Florida33324				
		(City)		(Zip code)				
		(=7)		(<u>F</u>)				
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.

	CT Corporation S	ystem		
Ву:	loand	olde-	JOAN B	
	1	(Registered agent's s	ignature)	ASSISTANT SECRETARY

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. DIK	ECTORS
Chairman	
Address:	
Vice Chai	rman:
Address:	
Director:	Marjorie W. Wynne
Address:	3179 Rockingham Drive NW
	Atlanta, GA 30327
Director:	Robert C. Wynne
Address:	3179 Rockingham Drive NW
	Atlanta, GA 30327
B. OFF	ICERS
	Marjorie W. Wynne
	3179 Rockingham Drive NW
	Atlanta, GA 30327
Vice Pres	ident: Robert C. Wynne
	3179 Rockingham Drive NW
	Atlanta, GA 30327
Secretary	Marjorie W. Wynne
Address:	3179 Rockingham Drive NW Atlanta, GA 30327
Treasurer	:
Address:	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Mar	jorie W. Wynne, 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

CT CORPORATION SYSTEM CAROLINE MORRIS 1201 PEACHTREE STREET, N.E. ATLANTA, GA 30361 CONTROL NUMBER : 0352724
DATE INC/AUTH/FILED: 09/22/2003
JURISDICTION : GEORGIA
PRINT DATE : 10/09/2003

FORM NUMBER : 211



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 as of the above print date

cGEORGIA PROFIT CORFORATIO

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 shated above or was authorized to transact business in Georgiaton 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.

20031009181012088



Cathy Cox Secretary of State