F03000005157

(Requestor's Name)
(industrial of italing)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
dia
16)110
- ntsl
Office Hise Only



000023506190

10/09/03--01039--010 **70.00



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 15, 2003

J.A. COURTOR 2 OYSTERWOOD LANE SAVANNAH, GA 31411

SUBJECT: OREOGIN INC Ref. Number: W03000029733

We have received your document for OREOGIN INC, however, upon receiptof your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

There is a balance due of \$70.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 203A00056121

Marsha Thomas Document Specialist SLUNCIARY OF CHRISTIALLAHASSEE, FLORIS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: OREOGIN Two.
(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:
J.A. COURTER (Name of Person)
(Name of Person) OFECGIN Tre. AND ASSTERMACE (Firm/Company) 2 0/88/67-WOOD LAWE (Address)
agsterwaco (Firm/Company)
2 OYSSIERWOOD LANE
(Address)
City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
TA COURTER at (9,2) 356-9997 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
ETDEET ADDRESS.
STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations
409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Boxed{\sigma} \$78.75 Filing Fee & \$\Boxed{\sigma} \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy

w03-29733

7685, 676, 671

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 OREOGIN Tue.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. STATE OF GEORGIA 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/4/93 5. YERPETUAL"
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPon OusliFication"
(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. 2 OYSTERWOOD LANG SAVANNAH, GA, 3, FT &
(Principal office address)
SAME SE 5
(Current mailing address)
8. Collogion AND Disposal OF ORGANIC WASTER TO
(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: Howard Cony
Office Address: 4513 WMain St.
Minas, Florida 32754 (City) (Zip code)
(City) (Zip code)
10. Registered agent's acceptance: Ilaving 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 dut and I am familiar with and accept the obligations of my position as registered agent.
- CON
(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. DIRECTORS Chairman: _ Address: Vice Chairman: __ Address: Address: Address: **B. OFFICERS** Secretary: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or 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 CONTROL NUMBER : K323205

DATE INC/AUTH/FILED: 10/04/1993

JURISDICTION : GEORGIA

PRINT DATE : 10/06/2003

FORM NUMBER : 211

OREOGIN
CLARENCE M KEITHLEY
2 OYSTERWOOD LANE
SAVANNAH, GA 31411

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

GEORGIA PROFIT 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 sabove date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Settator 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.

20031006170817438



Cathy Cox Secretary of State