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### THOMAS A. DANIEL ATTORNEY AT LAW

#### 623 NORTH MAIN STREET GAINESVILLE FLORIDA 32601

PHONE (352) 378-8438 FAX (352) 378-3097

Manager Manager St. Property of the St. Proper

**November 25, 2003** 

Florida Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Morrison & Associates, P. A. Registration in the State of Florida as Morrison & Associates Engineering, P. A.

A. Daniel

Dear Mr. Secretary:

Enclosed please find the Application by Foreign Corporation for Authorization to Transact Business in Florida and a check in the amount of \$87.50 for the filing fee, certificate of status and certified copy for Morrison & Associates, P. A., a North Carolina professional association. Please return the certified copy and certificate of status to my office address.

Please process this application at your earliest convenience. Please advise if there are any questions or concerns.

Sincerely,

Thomas A. Daniel

Tad/bs

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	CE WITH SECTION 607.1503, FLORIDA OREIGN CORPORATION TO TRANSAC		TUTES, THE FOLLOWING IS SUBMITTED TO SINESS IN THE STATE OF FLORIDA.	•
(Enter name of	Associates, P.A. f corporation; must include "INCORPORATI "Corp," "Inc," "Co," or "Corp.")	ED," "	COMPANY," "CORPORATION,"	AC MASON
MOrrison (If name unava	Associates Engineeri ailable in Florida, enter alternate corporate na	ng, me ad	P.A. opted for the purpose of transacting business in Florida)	100 S. O.
2. North	Carolina	3	56-1381155	10,15
(State or countr	ry under the law of which it is incorporated)	-~-	(FEI number, if applicable)	,
4. 06/1	3/1983	E	Pernetual	
	ate of incorporation)	. 3. <u> </u>	Duration: Year corp. will cease to exist or "perpetual")	**
•	- ,	`		
6. <u>upon</u>	qualification		ansacted business in Florida, insert "upon qualification.")	•
(Date first trans	acted business in Florida. If corporation has (SEE SECTIONS 607.1	501, 6	ansacted business in Florida, insert "upon qualification.) 07.1502 and 817.155, F.S.)	
7. 1230 We			308. Charlotte NC 28208	
	(Principal office	addres	s)	
1230 Wes	t Morehead Street, Suit	e. 30	08, Charlotte NC 28208	حد د جمد در
	(Current mailing	addres	ss)	-
to engage	in, conduct, and carry on t	he p	ractice of civil, electrical, ing services, and to do all things	
	to connection therewith.	neer.	ing services, and to do all clings	
(Purpose	e(s) of corporation authorized in home state of	or coun	try to be carried out in state of Florida)	
9. Name and st	reet address of Florida registered ager	at: (P	O. Box or Mail Drop Box NOT acceptable)	
Name:	Thomas A. Daniel		<u>.                                    </u>	s
Office Address:	623 North Main Street	<del></del>		• •
	Gainesville		, Florida32601	
	(City)		(Zip code)	
Having been na designated in th further agree to	is application, I hereby accept the appo	intme es rela	of process for the above stated corporation at the p nt as registered agent and agree to act in this capac tive to the proper and complete performance of my ion as registered agent.	ity. I
	(Registered agent's signature	ure)	aniel	
11. Attached is	a certificate of existence duly authentica	ted, no	ot more than 90 days prior to delivery of this applica-	tion 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:	Bobby M Morrison			
Address:	1230 W. Morehead Street, Suite 308			
	Charlotte NC 28208			
Vice Chair	nan:			
Address:				
	Photo and the second se			
Director: _				
Director:				
riduless				
-				
B. OFFIC	CERS			
President:	Bobby M. Morrison			
Address: _	1230 W. Morehead Street, Suite 308			
	Charlotte NC 28208			
Vice Presid	ent: Richard M. MOrrison. SR			
	1230 W. Morehead Street, Suite 308			
Address	Charlotte NC 28208			
-				
	Bobby M. Morrison			
Address: _	1230 W. Morehead St, Suite 308, Charlotte NC 28208			
Treasurer:	Richard M. Morrison, JR			
Address: _	1230 W. Morehead St, Suite 308, Charlotte NC 28208			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.				
13	(Signature of) Director or Officer listed in number 12 of the application)			
14	Bobby M. Morrison. President  (Typed or printed name and capacity of person signing application)			



## State of North Carolina Department of The Secretary of State

## CERTIFICATE OF EXISTENCE (PROFESSIONAL CORPORATION)



I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### **MORRISON & ASSOCIATES, P.A.**

is a professional corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 13th day of June, 1983, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that the said corporation's certificate of registration is not suspended or revoked by their licensing board; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of November, 2003.

6 laine I. Marchall

Secretary of State

Certification Number: 7883747-1 Page: 1 of 1 Ref.# 5824725-cg
Verify this certificate online at www.secretary.state.nc.us/Verification.