(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies		1
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DIVISION OF CORPORATION

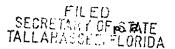
p. 1

04 FEB 12 PM 2: 12

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: COMPREHENSIVE TECHNICAL GNOUP, IN R. (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:			
JAMUS A. WILE. (Name of Person)			
(Name of Person)			
(Name of Person) (OMPNUMENGIVE TECHNICAL GNOUP, IN a (Firm/Company)			
2195 DEFOOR HILLS ROWN STEE G			
(Address) A 7 L M T M 6 600 16 1 M 3031 8 (City/State and Zip code)			
(City/State and Zip code)			
For further information concerning this matter, please call:			
DAWN SOUNCON a1 (954) 562-1013			
(Name of Person) at (554) 567-0013 (Area Code & Daytime Telephone Number)			
STREET ADDRESS: MAILING ADDRESS:			
gistration Section Registration Section			
Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327			
Tallahassee, FL 32399 Tallahassee, FL 32314			
Enclosed is a check for the following amount:			
☐ \$70.00 Filing Fee \$\times \text{\$78.75 Filing Fee & Certificate of Status} \text{☐ \$78.75 Filing Fee & Certified Copy} \text{☐ \$87.50 Filing Fee, Certified Copy} \text{☐ Certified Copy}			

under the law of which it is incorporated.



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 45ERWNSWCT: 12

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. i. <u>COMINGHENSIUE TECHNICAL GARDERS OF CORPORATION</u> OF COMPANY, "CORPORATION" OF 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.) (State or country under the law of which it is incorporated)

3. 58-200/663

(FEI number, if applicable) 1992

(Date of incorporation)

5. PUNINTUBL

(Duration: Year corp. will cease to exist or "perpetual") (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. R195 DUTUON HIUS 170AN, STE G., A TURNIA, 6A 30318
(Principal office address) (Current mailing address) (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: DAWN JOHNSON Office Address: 2110 N. OCEAN BLUD, STE 1503 FT. CAUDENDALU .Florida 33305 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. 11. Attached is a certificate of existence duly application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction Feb 06 04 04:41p

FILED PAS SECRETARY OF STATE TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:	.04 FEB 12 PM 2: 12
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: JAMUS A. WILV	
Address: 2195 DUFOON HILLS ROAM, STUG	
ATLANTA, 6A 30318	
Vice President: STEVEN U. MC BORMICK	· · · · · · · · · · · · · · · · · · ·
Address: 2/95 DEFOON HILLS ROAM, STE G	
ATLANTA, GA 30318	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional of	icers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12	of the application)
14. SAMOS A WILL	
(Typed or printed name and capacity of person signing application	1)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : K211830
DATE INC/AUTH/FILED: 06/12/1992
JURISDICTION : GEORGIA
PRINT DATE : 02/06/2004
FORM NUMBER : 211

API DAWN JOHNSON 2110 N. OCEAN BLVD. SUITE 1503 FT. LAUDERDALE, FL 33305

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

COMPREHENSIVE TECHNICAL GROUP, INC.
A 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 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.

20040206214818438



Cathy Cox Secretary of State