Florida Department of State
Division of Corporations
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(((H040000646523)))

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From:

Account Name ;

: WEINSTOCK & SCAVO, P.C.

Account Number : Phone :

1200000000076 (404)231-3999

Fax Number

404-231-1618 404-591-10423

FOREIGN PROFIT QUALIFICATION

All Seasons Travel and Resort, Inc.

Certificate of Status	1
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3/26/2004

WEINSTOCK & SCAVO, P.C.

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Writer's email address:

March 31, 2004

YIA FACSIMILE (850) 205-0383

Attention: Trevor

Florida Division of Corporations

Corporate Filings
409 E. Gaines Street
Tallahassee, Florida 32399

Re: All Seasons Travel and Resort, Inc.

Application for Authorization to Transact Business in Florida

Dear Sir or Madam:

Per my telephone conversation with your office this morning, it is my understanding that our initial filing of the above-captioned Application by Foreign Corporation for Authorization to Transact Business ("Application") was rejected because the second page of the Application setting forth the directors and officers of the applicant, All Seasons Travel and Resort, Inc., a North Carolina corporation ("ASTAR"), did not come through clearly in our filing by fax, filed on March 26, 2004 with your office. It is my further understanding that a return fax requesting that we resend the filing was faxed to our attention, however this fax was never received.

Accordingly, I am resending the above-captioned filing to your attention by fax. If the attached application does not come through clearly please advise the undersigned by telephone at 404-231-3999 as we have not been receiving return faxes from your office. If necessary we will overnight the original Application to your attention for your receipt tomorrow morning.

Accordingly, attached please find the following items necessary to file an Application by Foreign Corporation for Anthorization to Transact Business in Florida for ASTAR:

- 1. A Florida Department of State Division of Corporations Public Access System Electronic Filing Cover Sheet, fax audit number H040000646523.
- 2. A completed and executed Application by Foreign Corporation for Authorization to Transact Business in Florida.
- 3. An original Certificate of Existence and Good Standing, dated March 23, 2004, from North Carolina, the jurisdiction where the company was organized.

I look forward to receiving your approval of the attached Application. As time is of the essence in this matter please return a Letter of Acknowledgment and a Certificate of Status for ASTAR to my attention by

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landline facsimile, fax number 404-591-6423 (as stated above, we have not been receiving any electronically faxed facsimiles from your office), and the original Letter of Acknowledgement and Certificate of Status to the address set forth above at your absolute earliest convenience.

As indicated on the attached Electronic Filing Cover Sheet, please bill the cost of the \$70 filing fee and \$8.75 Certificate of Status fee, for a total of \$78.75 to our firm's Sunbiz account with the Division of Corporations (Account No.: I20000000076). Thank you in advance for your assistance with this matter and your prompt return of the requested items. Please contact me if you need any additional assistance.

Sincerely

Linda Elaine Ragan

Attachments
Flynn/All Sessons/Florida Div. of Corps. 033104

SECRETARY OF STATE

WEINSTOCK & SCAVO, P.C.

ATTORNEYS AT LAW

PHONE: (404) 231-3999

FACSIMILE: (404) 231-1618

E-MAIL: LRAGAN@WSLAW.NET

FACSIMILE TRANSMITTAL SHEET

TO: Trevot	FROM: Linda Elaine Ragan, Esq.
COMPANY: Florida Division of Corporations	DATE: March 31, 2004
FAX NUMBER: 850-205-0383	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	SENT BY: Kevin Kirby Legal Assistant to Linda Elaine Ragan
RE: All Seasons Travel and Resort, Inc.	REFERENCE NUMBER: 5634.07

The information contained in this transmission is attorney privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone collect and return the original message to us at the above address:

via the U.S. Postal Service. We will reimburse you for the postage. Thank you.

Notes/Comments:

Resending documents per your request.

ENERGY STATE

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.

	da, emer angrame corporate nat	ne	scopted for the purpose of transacting business in Flor	10E)
Korth Carolina		3	01-0636664	
itals or country under the is	w of which it is incorporated)		(PEI number, if applicable)	
March 20, 2002		5.	Perpetual	
(Date of incorpor	ation)		(Duration: Year corp., will cosse to exist or "perpetua	1 ¹¹)
Upon qualification				
			t transacted business in Florids, insert "upon qualificati , 607,1502 and 817.155, F.S.)	(n.")
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Name and <u>street address</u>	of Florida registered agent	ti '	(P.O. Box or Mail Drop Box NOT acceptable)	
Name: Corpo	ration Services Como		NA .	- 31
		_	Minute.	-
ico Address: 1201	Hays Street	_		
Tells	hasse (City)		, Florida 32301	
		_	(Zip code)	

(Registered agent's signature)

Jeffrey Neel, Authorized Representative of Corporation Service Company

11. Attached is a certificate of existence duly suthenticated, 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:

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A. DIR	ECTORS	•
Chairmar	Lawrence Plance	•
Address:	140 Hammon : Prive S-Allio, Dunwoody, Georgia 30328	
Vice Cha	jernan:	
Address:	-4	<u></u>
Director:		
Address:		
Director:		
Adáress:		
B. OFF	ICERS	~-
President	Lawrence Fig. 6.	
Address:	140 Hammes Alvivo B-Allio, Dunwoody, Georgia 30328	O4 MAR SECRE
Vice Pres	ident: Deslys: Figure	S ₂ 3
Address:	140 Hammon Grass S-A1110, Dunwoody, Georgia 30328	<u>जिल</u> पु
Searctacy:		ATE BRID
NOTE:	If processary, yellow an addendum to the application listing additional efficers and/or d	lirectors.
13.	(Signature - Diffeot or Officer listed in number 12 of the application)	Market 1
a Lav	wrence Flynn, Chantent	
****	num or printed name and capacity of person signing application)	

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or:	
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FFICERS	
ent: Lawrence Flynn	
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140 Hammond Drive S-A1110, Dunwoody, Georgia 30325	
140 Hammond Drive S-A1110, Dunwoody, Georgia 30325	
resident: Deslyn Flynn	> S Q
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resident: Deslyn Flynn	SECRETA ALLAHA
resident: Deslyn Flynn	SECRETARY ALLIAHASSE
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State of North Carolina Department of The Secretary of State

CERTIFICATE OF EXISTENCE

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

ALL SEASONS TRAVEL AND RESORT, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 20th day of March, 2002, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, 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 its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State, if applicable; 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 23rd day of March, 2004.

Flaine I. Marchall

Secretary of State