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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AQUANALYSIS, INC.	
	oration - must include suffix)
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida", ed to register the above referenced foreign corporation to
Please return all correspondence concerning this n	natter to the following:
Brenda K. Collura	
(Na	me of Person)
Berman Fink Van Horn P.C.	
(Fir	m/Company)
3423 Piedmont Road, Suite 200	
•	(Address)
Atlanta, GA 30305	P
(City/s	State and Zip code) بي
For further information concerning this matter, ple	(Address)  State and Zip code)  ease call:
Brenda K. Collura at (404	4 ) 261-7711
	Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

# 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.

AOTIANATUCIO INC

May 25, 2000  (Date of incorporation)  (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.)  874 Main Street, Suite 110, Woodstock, Georgia 30188  (Principal office address)  ame  Current mailing address)  convironmental consulting services  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: CT Corporation System  ice Address: 1200 South Pine Island Road	(FEI number, if applicable)  May 25, 2000  (Date of incorporation)  (Date of incorporation)  (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.)  874 Main Street, Suite 110, Woodstock, Georgia 30188  (Principal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: CT Corporation System  (ce Address: 1200 South Pine Island Road  Plantation  (City)  (City)  Registered agent's acceptance:	(FEI number, if applicable)  May 25, 2000  (Date of incorporation)  Application: Year corp. will cease to exist or "perpetual")  Application: Year corp. Appl	f name unava	ilable in Florida, enter alternate corporate na	ame adopted	for the purpose of transacting business in Florid	a)
(Date of incorporation)  (Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  upon qualification  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.)  9874 Main Street, Suite 110, Woodstock, Georgia 30188  (Principal office address)  same  (Current mailing address)  environmental consulting services  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: CT Corporation System  fice Address: 1200 South Pine Island Road	(Date of incorporation)  (Date of incorporation  (See Section Ns 607.1501, 607.1502 and 817.155, F.S.)  (Participal office address)  (Principal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Participal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: CT Corporation System  (CT Corporation System  (City)  (C	(Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (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.)  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  (Date first transacted business in Florida. If corporation." (SEE SECTIONS 607.1502 and 817.155, F.S.)  (SEE SECTIONS 607.1502 and 817.155, F.S.)  (Parton transacted business in Florida, insert "upon qualification." (SEE SECTIONS 607.1502 and 817.155, F.S.)  (Parton transacted business in Florida, insert "upon qualification." (SEE SECTIONS 607.1502 and 817.155, F.S.)  (Parton transacted business in Florida, insert "upon qualification." (SEE SECTIONS 607.1502 and 817.155, F.S.)  (Parton transacted business in Florida, insert "upon qualification." (Parton transacted business in Florida, insert "upon qua	Georgia		3. <b>58-2</b> 5		
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Prantation , Florida 35524	. Registered agent's acceptance:	Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this cape rther agree to comply with the provisions of all statutes relative to the proper and complete performance of n and I am familiar with and accept the obligations of my position as registered agent.	(Purpose Name and st Name:	e(s) of corporation authorized in home state of reet address of Florida registered ages  CT Corporation System			
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signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa Ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m	rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.  Shelley Savage Vice President		(Purpose  Name and st  Name:  ffice Address:  A Registered aving been na esignated in the arther agree to	reet address of Florida registered ages CT Corporation System  1200 South Pine Island Road  Plantation  (City)  agent's acceptance:  med as registered agent and to accept so is application, I hereby accept the appo comply with the provisions of all statut ar with and accept the obligations of my	nt: (P.O. F	Box or Mail Drop Box NOT acceptable)  Florida 33324 (Zip code)  process for the above stated corporation at the segistered agent and agree to act in this cap to the proper and complete performance of as registered agent.	e p

- 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:

	ECTORS	
	Maria A. Reid	
Address:	9874 Main Street, Suite 110	
	Woodstock, Georgia 30188	<del></del>
Vice Cha	irman:	
Address:		
Director:	Darren S. Moore	
Address:	9874 Main Street, Suite 110	
	Woodstock, Georgia 30188	
Director:		
Address:		
		P 1
B. OFF	ricers	O4 APR -
President	Maria A. Reid	<u> </u>
Address:	9874 Main Street, Suite 110	PH (2)
	Woodstock, Georgia 30188	<u>ب</u> بې
Vice Pre	sident:	ज (
Address:		
_	Darren S. Moore	
Address:	9874 Main Street, Suite 110, Woodstock, Georgia 30188	
Treasure	r:	
Address:		
<b>NOTE:</b>	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)	
14 M:	aria A. Reid, 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 CONTROL NUMBER : 0024168
DATE INC/AUTH/FILED: 05/25/2000
JURISDICTION : GEORGIA
PRINT DATE : 03/31/2004

FORM NUMBER : 211

BERMAN, FINK, VAN HORN, P.C. DONNA JAMES 3423 PIEDMONT ROAD, SUITE 200 ATLANTA, GA 30305

#### 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

AQUANALYSIS, INC.

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.

20040331213319877



Cathy Cox Secretary of State