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PICK-UP		VAIT	MAIL
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Certified Copies	,_ Ce	ertificates o	f Status
Special Instructions to	Filing Of	ficer:	
Name Availabili ty			
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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Syncholot, Inc. (Name of corporation - must include suffix)
(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:
Jim Clemens (Name of Person) Synchro Net Inc. (Firm/Company) 1090 A Pacific Avenue (Address)
(Name of Person)
Sinchar Net Tag
(Firm/Company)
man A Parks Anama
(Address)
Bremen GA 30110
Bremen, GA 30110 EEE E (City/State and Zip code)
fried to the second
For further information concerning this matter, please call:
Jim Clemens at (770) 537-1410
(Name of Person) (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 Pivision 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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	Synchron Dration; Hust include "INC	let I	NC.		
(Enter name of corpo	oration; that include "INC	ORPORATED," "C	OMPANY," "COR	PORATION,"	
-mc.,Со.,Согр,	"Inc," "Co," or "Corp.")				
(If name unavailable	in Florida, enter alternate	corporate name adop	ted for the purpose	of transacting business	in Florida)
Georgi	α	3	58-23	23899	
State or country und	a er the law of which it is inc	corporated)	(FEI nu	nber, if applicable)	
2/25	12000		Perpe	tual	
(Date of	2000 ncorporation)	(Du	ration: Year corp.	will cease to exist or "	perpetual")
Date first transacted	gualificat business in Florida. If cor	rporation has not trans	sacted business in F	lorida, insert "upon qu	alification.")
	. 0	TIONS 607.1501, 607		F.S.)	
1090 1	+ Racitic	Avenu	ne.	 ₹%	
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<u> Dieme</u>	n G-F	4 30 rent mailing address)	110	3	
	(Cun	rent maning address)			20
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(Purpose(s) of	corporation authorized in	home state or country	to be carried out it	state of Florida)	trofe an
Name and street	<u>ıddress</u> of Florida regi:	stand seemts (PA)	Day or Mail Dro	n Boy NOT accents	Ha W
wante and street	runtess of Fiorida regis	, i stelled agent.	. Dox or iviali Dio	р вох <u>пот</u> ассерка	oic;
Name:	ocott Kemin	gton	<u>.</u> .	Signer of the State of the Stat	
fice Address: Cla	ocott Remin ork Partingto ensacola (City)	n Hart	125 W R	omana St.	Suite 80
			- 	CD 1	
_7	<u>ensacola</u> (Citv)	<u> </u>	Florida Zin	code)	
			ζ- "Γ	,	
Registered agen	t's acceptance: as registered agent and	to accept service of	enracass for the a	hose stated cornora	tion at the place
	olication, I hereby accep				
	ply with the provisions of				iance of my dut
a 1 am januuar wu	th and accept the obliga	ittons of my positio	n as registerea ag	ent.	

- 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:		A 0-			. 6		<u> </u>		<u> </u>		<u></u>	<u> </u>	
Address:		<u>,</u>			<u>, ' </u>	<u> </u>		<u>- · · </u>	·	<u> </u>	···	<u> </u>	إسميد د
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Vice Chairman:		w									<u> </u>	, <u></u>	E 11.
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B. OFFICERS						٠	-		CRET	5		-	
President: Kyle	, h) illia	u S n	и					ARY	/ 20	2	~	
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NOTE: If necessary, y	ou may 🛭	itach an ac	ddendur	m to the appl	ication	listing ad	ditional	officer	s and/or o	directo	rs.		
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13. My (Signat				isted in numb									···

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0009271
DATE INC/AUTH/FILED: 02/25/2000
JURISDICTION : GEORGIA
PRINT DATE : 04/21/2004
FORM NUMBER : 211

SYNCHRONET, INC. JIM CLEMENS 1090A PACIFIC AVENUE BREMEN, GA 30110

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

is in compliance with the applicable filing and annual registration proving 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 exticles of dissolution, certificate of cancellation or any other similar dominent 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.

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Cathy Cox Secretary of State