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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

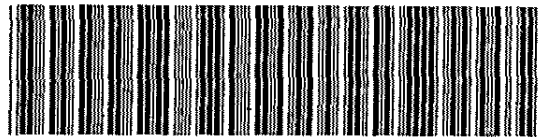
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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4/207/07/04

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMISON PROFESSIONAL SERVICES INC
(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:

SAMUEL JAMISON
(Name of Person)

JAMISON PROFESSIONAL SERVICES INC
(Firm/Company)

531 FOREST PARKWAY - 200
(Address)

FOREST PARK, GA 30297
(City/State and Zip code)

For further information concerning this matter, please call:

Samuel Jamison at (404) 363-6894
(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
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 & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 17, 2004

SAMUEL JAMISON
JAMISON PROFESSIONAL SERVICES INC.
531 FOREST PARKWAY - 200
FOREST PARK, GA 30297

SUBJECT: JAMISON PROFESSIONAL SERVICES INC.
Ref. Number: W04000023495

We have received your document for JAMISON PROFESSIONAL SERVICES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 304A00040599

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**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.

1. JAMISON PROFESSIONAL SERVICES INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA 3. 582063670
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/9/1993 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. APRIL 2004
(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. Security Department - Naval Station - Bldg 9 - Jacksonville, FL 32211
(Principal office address)
531- Forest Parkway - Suite 200 - Forest Park, GA 30297
(Current mailing address)

8. Provide Administrative Services TO U.S. NAVY
(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: RAFAEL A. GUZMAN

Office Address: 1818 CESERY BLVD

JACKSONVILLE, Florida 32211
(City) (Zip code)

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.

Rafael A. Guzman
(Registered agent's signature)

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:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Samuel Jamison

Address: 531 Forest Parkway Suite 200
Forest Park GA 30297

Vice President: _____

Address: _____

Secretary: Samuel Jamison

Address: Same as above

Treasurer: Samuel Jamison

Address: Same as above

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Samuel Jamison
(Signature of Director or Officer listed in number 12 of the application)

14. Samuel Jamison, President/CEO
(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

DOCKET NUMBER : 041550890
CONTROL NUMBER : K318752
DATE INC/AUTH/FILED: 08/09/1993
JURISDICTION : GEORGIA
PRINT DATE : 06/03/2004
FORM NUMBER : 211

JAMISON PROFESSIONAL SERVICES
SAMUEL JAMISON
531 FOREST PKWY STE 200
FOREST PARK, GA 30297

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

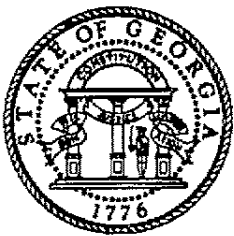
JAMISON PROFESSIONAL SERVICES INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 date issued. 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 certificate is issued pursuant to 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

Cathy Cox
Secretary of State