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(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	e#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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ECRECIONES DIAGE

A CON

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ITC FINANCIAL LICENSES, INC	3.	
(Name of Corporation - mu		•
Dear Sir or Madam:		
The enclosed "Application by Foreign Not for Profit of "Certificate of Existence", and check are submitted to affairs in Florida.		
Please return all correspondence concerning this matter	er to the following:	
Kenneth M. Miles	<u> </u>	
•	(Name of Person)	
ITC Financial Licenses, Inc.		
	(Firm/Company)	
P.O. Box 510	(Addross)	
	(Address)	
West Point, GA 31833		
	y/State and Zip Code)	
For further information concerning this matter, please	e call:	
Ken Miles	at (706) 402-5840	
(Name of Person)	(Area Code &	Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	FILED JUL IL AMII: 25 CRESANTI STATE LAHASSEE, FLORIDA
\$70.00 Filing Fee \$78.75 Filing Fee &	\$78.75 Filing Fee &	x \$87.50 Filing Fee,
Certificate of Status	Certified Copy	Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 1, 2004

KENNETH M. MILES ITC FINANCIAL LICENSES, INC. PO BOX 510 WEST POINT, GA 31833

SUBJECT: ITC FINANCIAL LICENSES, INC.

Ref. Number: W04000021044

We have received your document for ITC FINANCIAL LICENSES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 104A00037635

ECRETATION STATE

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1.	ITC FINANCIAL LICENSES, INC.	
		D" or "CORPORATION" or words or abbreviations of like import in language ral person or partnership if not so contained in the name at present. nonprofit corporation.)
2.	Delaware	3. 20-0901196
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4.	3/19/2004	5. Perpetual
	(Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6.	Upon Qualification	
	(Date corporation first conducted Affairs in Flo	orida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7.	1241 O.G. Skinner Drive, WEST POINT	
	(Princi	ipal office address)
	P.O. Box 510 , West Point, GA 31833	
	(Curren	ent mailing address)
8.		
	(Purpose(s) of corporation authorized in home	ne state or country to be carried out in the state of Florida)
0	Name and street address of Florida registered agent	at: (PO Box or Mail Drop Box NOT acceptable)
٠,	Traine and <u>street address</u> of Florida registeres ugen	(No. Box of than Brop Box <u>2.00 2</u> acceptation)
	Name: CT Corporation System	
	Office Address: 1200 S. Pine Island RD	
	Plantation	, Florida 33324
	(City)	(Zip Code) SS T
10.	Registered agent's acceptance:	
Ha	ving been named as registered agent and to accept se	ervice of process for the above stated corporation at the place
des	signated in this application, I hereby accept the appoin	intment as registered agent and agree to act in this capacity.
I ft daa	urther agree to comply with the provisions of all statu ties, and I am familiar with and accept the obligation:	utes relative to the proper and complete performatice of my
uu	nes, and I am jamiliar with and accept the vollgation.	s of my position as registered agent.
	bold	JOAN BOI DEN
	(Registere	ed agent's signaASSISTANT SECRETARY

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 addresses of officers and/or directors: A. DIRECTORS Chairman: Campbell B. Lanier, III Address: 1241 O.G. Skinner Drive West Point, GA 31833 Vice Chairman: Address: Director: William B. Scott, III Address: 1241 O.G. Skinner Drive West Point, GA 31833 Director: Timothy B. Knight Address: 1241 O.G. Skinner Drive West Point, GA 31833 B. OFFICERS President: William B. Scott, III Address: 1241 O.G. Skinner Drive West Point, GA 31833 Vice President: Address: ___ Secretary: Timothy B. Knight Address: 1241 O.G. Skinner Drive, West Point, GA 31833 Treasurer: Timothy B. Knight Address: 1241 O.G. Skinner Drive, West Point, GA 31833 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Timothy B. Knight, Sec/Treas/CFO

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ITC FINANCIAL LICENSES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF MAY, A.D. 2004.



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3101499

DATE: 05-10-04