F04000005213

(Requestor's Name)	
(Address)	_
(Addiess)	
(Address)	_
	•
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
	1
	1
	1
	_

Office Use Only

800040678338

N9/10/04--01042--022 **87.50

FILED
2004 SEP 10 PM 1: 34
2004 OF CORPORATIONS
DIVINITY AHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: SP Design Group architects and engineers, 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:
Donna R. Walker
(Name of Person)
SP Design Group architects and engineers, inc.
(Firm/Company)
5191 Columbus Road P.O. Box 6254
(Address)
Macon, GA 31208
(City/State and Zip code)
For further information concerning this matter, please call:
Donna Walkerat (478) 477-7465
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:
STREET ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations
409 E. Gaines St. P.O. Box 6327
Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FO	CE WITH SECTION 607.1503, FLORIDA S OREIGN CORPORATION TO TRANSACT	STATUTES, THE FOLLOWI BUSINESS IN THE STATE	OF FLORIDAL	to &
1. SP De	sign Group architects and eporation; must include the word "INCORPORAT	engineers, inc.	ORATION" or	10 CO
words or abbre	viations of like import in language as will clear or partnership if not so contained in the name at	ly indicate that it is a corporation	on instead of a	- 10 mg/. 04
2. Georgi	a	58-13826_03	· · · · · · · · · · · · · · · · · · ·	96/01 ·
(State or countr	y under the law of which it is incorporated)	(FEI number,	if applicable)	A 0.
4. 1997	<u> </u>	perpetual		
(Da	te of incorporation)	(Duration: Year corp. will c	ease to exist or "perpetu	ial")
6 Up	on qualification		<u> </u>	
(Date first trans	acted business in Florida. If corporation has no (SEE SECTIONS 607.150	t transacted business in Florida 1, 607.1502 and 817.155, F.S.)	i, insert "upon qualificat	ion.")
7. 5191	Columbus Road Macon, GA (Principal office add			च त क
P.O.	Box 6254 Macon, GA 31208	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	(Current mailing add			
	ecture, plumbing and elect: (s) of corporation authorized in home state or co		of Florida)	\$1 (3) - 7 (1884)
(Purpose				
· -	s) of corporation admorated in nome state of co	buntry to be carried out in state	of Politia)	
9. Name and str	eet address of Florida registered agent:	-		
9. Name and sti	•	-		सं रुकार"
Name:	eet address of Florida registered agent: Emory Johnson	-		सं . ५ ला र [ा]
Name:	reet address of Florida registered agent:	-		Harmon San San San San San San San San San Sa
Name:	eet address of Florida registered agent: Emory Johnson 601 Lothian Drive Tallahassee	(P.O. Box or Mail Drop Bo	ox NOT acceptable)	Harris and State of the State o
Name:	eet address of Florida registered agent: Emory Johnson 601 Lothian Drive	(P.O. Box or Mail Drop Bo	ox NOT acceptable)	新 - A 東 M A A A A A A A A A A A A A A A A A
Name: Office Address: 10. Registered a	eet address of Florida registered agent: Emory Johnson 601 Lothian Drive Tallahassee (City) agent's acceptance:	(P.O. Box or Mail Drop Bo	ox NOT acceptable)	t the place
Name: Office Address: 10. Registered : Having been name	eet address of Florida registered agent: Emory Johnson 601 Lothian Drive Tallahassee (City) agent's acceptance: med as registered agent and to accept serv	(P.O. Box or Mail Drop Boy, Florida 32312 (Zip code)	ox <u>NOT</u> acceptable)	
Name: Office Address: 10. Registered a Having been nan designated in thi further agree to	Emory Johnson 601 Lothian Drive Tallahassee (City) agent's acceptance: ned as registered agent and to accept serves application, I hereby accept the appoint accomply with the provisions of all statutes.	(P.O. Box or Mail Drop Box, Florida 32312 (Zip code) ice of process for the above ment as registered agent an relative to the proper and co	e stated corporation and agree to act in this omplete performance	capacity. I
Name: Office Address: 10. Registered a Having been nan designated in thi further agree to	reet address of Florida registered agent: Emory Johnson 601 Lothian Drive Tallahassee (City) agent's acceptance: med as registered agent and to accept serves application, I hereby accept the appoint	(P.O. Box or Mail Drop Box, Florida 32312 (Zip code) ice of process for the above ment as registered agent an relative to the proper and co	e stated corporation and agree to act in this omplete performance	capacity. I
Name: Office Address: 10. Registered a Having been nan designated in thi further agree to	Emory Johnson 601 Lothian Drive Tallahassee (City) agent's acceptance: ned as registered agent and to accept serves application, I hereby accept the appoint accomply with the provisions of all statutes.	(P.O. Box or Mail Drop Box, Florida 32312 (Zip code) ice of process for the above ment as registered agent an relative to the proper and co	e stated corporation and agree to act in this omplete performance	capacity. I
Name: Office Address: 10. Registered a Having been nan designated in thi further agree to	Emory Johnson 601 Lothian Drive Tallahassee (City) agent's acceptance: ned as registered agent and to accept serves application, I hereby accept the appoint accomply with the provisions of all statutes.	(P.O. Box or Mail Drop Box, Florida 32312 (Zip code) ice of process for the above ment as registered agent an relative to the proper and co	e stated corporation and agree to act in this omplete performance	capacity. I
Name: Office Address: 10. Registered a Having been nan designated in thi further agree to	Emory Johnson 601 Lothian Drive Tallahassee (City) agent's acceptance: ned as registered agent and to accept serves application, I hereby accept the appoint accomply with the provisions of all statutes.	(P.O. Box or Mail Drop Boy, Florida 32312 (Zip code) ice of process for the above ment as registered agent an relative to the proper and coff my position as registered	e stated corporation and agree to act in this omplete performance	capacity. I
Name: Office Address: 10. Registered a Having been nan designated in this further agree to duties, and I am	Emory Johnson 601 Lothian Drive Tallahassee (City) Agent's acceptance: ned as registered agent and to accept serve is application, I hereby accept the appoint accomply with the provisions of all statutes familiar with and accept the obligations of a complementation is a complementation.	(P.O. Box or Mail Drop Boy, Florida 32312 (Zip code) ice of process for the above ment as registered agent an relative to the proper and coff my position as registered ignature)	e stated corporation and agree to act in this omplete performance agent.	capacity. I

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Address: Director: Address: **B. OFFICERS** President: Larry N. Pope Address: 5191 Columbus Road Macon, GA 31206 Vice President: Michael V. Parker Address: same Secretary: Michael P. Chaloult, Jr. Address: __same_ Treasurer: Michael P. Chaloult, Jr. Address: same NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

14. Michael P. Chaloult, Jr.

Secretary of State
Corporations Division
315 West Tower

#2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0260006
DATE INC/AUTH/FILED: 11/27/2002
JURISDICTION : GEORGIA
PRINT DATE : 09/02/2004

FORM NUMBER : 211

SP DESIGN GROUP ARCHITECTS AND ENGINEERS, INC. DONNA WALKER 5191 COLUMBUS ROAD MACON, GA 31206

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 frint date

SP DESIGN GROUP ARCHITECTS & ENGINEERS, INC.

A GEORGIA PROFIT CORPORATION

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.

20040902141106665



Cathy Cox Secretary of State