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PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)
(Docur	nent Number)	
Certified Copies	Certificates o	f Status
'Special Instructions to Filin	ng Officer:	





09/20/04--01035--001 **87.50

TRANSMITTAL LETTER

O: Registration Section Division of Corporations	
UBJECT: Wannabee Inc.	
(Name of corporation - must include suffix)	- .
ear Sir or Madam:	
he 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 ansact business in Florida.	
lease return all correspondence concerning this matter to the following:	
Doug Henderson	
(Name of Person)	- •
Southern Detail Suppliers	
(Firm/Company)	
2301 Benson Poole Rd. Suite J	_
(Address)	
Smyrna Ga.30082	
(City/State and Zip code)	
or further information concerning this matter, please call:	
Doug Henderson at (770) 435 0444 Code & Daytime Telephone Number) Code & Daytime Telephone Number) Code & Daytime Telephone Number Code & Daytime Telephone Number	O4 SEP 20 PH
STREET ADDRESS: MAILING ADDRESS:	FM 1: 30
nclosed is a check for the following amount:	
\$70.00 Filing Fee x \$78.75 Filing Fee & - \$78.75 Filing Fee & - \$87.50 Filing Fee, Certificate of Status 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 FOREIGNCORPORATION TO TRANSACTBUSINESS IN THE STATE OF FLORIDA.

(If name unavaila	able in Florida, enter alterna	te corporate name	e adopted for the purpose of transacting business in Florida)		
2. Georgia	, ,		58-2434485		
	under the law of which it is		(FEI number, if applicable)		
4. 01/1997		5	. Perpetual		
	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
6. April 1 2004			• •		
			in Florida, if prior to registration)		
	(SEE SECTIONS 6	507.1501 & 607.1	502, F.S., to determine penalty liability)		
7. 2301 Benson F	Poole Rd. Suite J Smy				
	(Pr	rincipal office add	iress)		
Same as above	e				
		urrent mailing add	iress)		
	(Cı	v	iress)		
	(Conobile reconditioning	products			
(Purpose(s)	(Conobile reconditioning) of corporation authorized i	products n home state or c	ountry to be carried out in state of Florida)		
(Purpose(s) 9. Name and street	(Control of Control of	products n home state or cered agent: (P.O	ountry to be carried out in state of Florida) . Box NOT acceptable)		
(Purpose(s) Name and street	(Control of Control of	products n home state or cered agent: (P.O	ountry to be carried out in state of Florida) Box NOT acceptable)		
(Purpose(s) 9. Name and street	(Control of Control of	products n home state or cered agent: (P.O	ountry to be carried out in state of Florida) Box NOT acceptable)		
(Purpose(s)	(Control of Control of	products n home state or cered agent: (P.O	ountry to be carried out in state of Florida) Box NOT acceptable)		
(Purpose(s) 9. Name and street	(Control of Control of	products n home state or cered agent: (P.O	ountry to be carried out in state of Florida) Box NOT acceptable)		
(Purpose(s) 9. Name and street	(Control of Control of	products n home state or cered agent: (P.O	ountry to be carried out in state of Florida)		

- 1 1. 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:		
Address:		
Vice Chairman:		
Address:		
Director:	<u> </u>	
Address:		
Director:		
Address:		
B. OFFICERS		
President. Dong Handerson		
2911 Nursery Rd		
Smyrna Ga. 30082		
Vice President: Address:		
Address:		SEP
Secretary: Tracy Henderson	ASSE SERVICE	7 20 1
Address: 2911 Benson Poole Rd Smyrna Ga. 30082		말병
		 ω
Treasurer:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors.	
13. Waysteuduse		
(Signature of Director or Officer listed in number 12 of the appl	lication)	
14. Doug Henderson President (Typed or printed name and canacity of narrow signing applies	ntion)	
(Typed or printed name and capacity of person signing application)	ation)	

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 042290322
CONTROL NUMBER : K737380
DATE INC/AUTH/FILED: 10/16/1997
JURISDICTION : GEORGIA
PRINT DATE : 08/16/2004

FORM NUMBER : 211

WANNABEE INC.

DOUG HENDERSON
2301 BENSON POOLE RD STE J
SMYRNA, GA 30082

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

WANNABEE, 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 abovenamed 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.



July Cop

Cathy Cox Secretary of State