F04000006980

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J/	

Office Use Only



200043016592

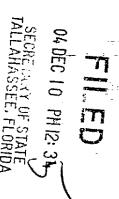
12/10/04--01036--021 **70.00

OLDEC TO MAIL: 39

SECRETARY OF STATE TALL AHASSIE, FLORIDA

04 DEC 10 PM IZ: 35

LITE



CT CORPORATION

December 10, 2004

Department of State, Florida 409 East Gaines Street Tallahassee FL 32399

Or DEC 10 PARO: 37

Re:

Order #: 6253234 SO

Customer Reference 1: 8105

Customer Reference 2: 46658

Dear Department of State, Florida:

Please obtain the following:

Battle Development Manager, Inc. (GA) Qualification Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy Fulfillment Specialist Jennifer_Murphy@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1 Battle Develor	ment Manager, Inc.	
(Enter name of c		A STATUTES, THE FOLLOWING IS SUBMITTED TO CT BUSINESS IN THE STATE OF FLORIDA. ED," "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florda)
2. Georgia	<u></u>	3. 20-1968259
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
December 3, 2	·	5. Perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
5. Upon Qualifica		
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
7. 215 Celebration	· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·
	(Principal office	address)
Celebration, FL		
	(Current mailing	address)
anv and all law	ful business not specifically prohibited I	by profit corporations under the laws of the state of Florida
·		r country to be carried out in state of Florida)
. Name and stree	t address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	CT Corporation System	
Office Address:	1200 South Pine Island Road	· · · · · · · · · · · · · · · · · · ·
	Plantation	, Florida Edward R Ginn, III
	(City)	(Zip code)
Having been nam	application, I hereby accept the appoing the appoing the provisions of all statute in the provision in the	ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. The state of the proper and complete performance of my dution as registered agent.
further agree to c	with and accept the obligations of my	posmon us registereu ugera

- 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. DIRÈCTORS Chairman: _Edward R Ginn, III Address: 215 Celebration Place, Suite 200 Celebration, Florida 34747 Vice Chairman: Address: Director: _ Address: **B. OFFICERS** President: Edward R Ginn, III Address: 215 Celebration Place, Suite 200 Celebration, Florida 34747 Vice President: Robert F. Masters II Address: 215 Celebration Place, Suite 200 Celebration, Florida 34747 Secretary: Assistant: Debra A. Lee Address: 215 Celebration Place, Suite 200Celebration, Florida 34747 Treasurer: John P. Klumph Address: 215 Celebration Place, Suite 200Celebration, Florida 34747 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

Treasurer

(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 CONTROL NUMBER: 0470020
DATE INC/AUTH/FILED: 12/03/2004
JURISDICTION: GEORGIA
PRINT DATE: 12/07/2004

FORM NUMBER : 211

MORRIS, MANNING & MARTIN
PENNY FARR
1600 ATLANTA FINANCIAL, 3343 PEACHTREE ROAD
ATLANTA, GA 30326

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of Laborate of Georgia, do hereby certify under the seal of my office that do of the above print date

The development manager

is in compliance with the applicable filing and annual begistration provisions of Title 14 of the Official Code of Second annual Code of the Official Code of Second annual Code of the Official Code of Second annual Code of the Official Code

Said entity was formed in the furiful ction flated shove or was authorized to transact business in Secretation the rules and has not filed articles of dissolution, certificate of cancellation or an other similar document with the Office of the Secretary of that.

This certificate belates only to the leady whether 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 apple of ion withdrawal, a swatement of commencement of winding up or any other equilar document was been filed or is pending with the Secretary of States.

This information is electronically transmitted, issued and certified in accordance with the Georgia his interest 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.

20041207184901369

Cathy Cox Secretary of State