

F0400000 7009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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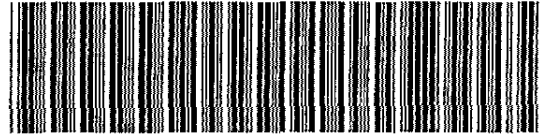
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TALLAHASSEE, FLORIDA

VIA UPS OVERNIGHT MAIL

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Noel David, 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:

Cheryl V. Shaw, Esq.

(Name of Person)

Perrie & Cole, LLC

(Firm/Company)

400 Northridge Road, Suite 700

(Address)

Atlanta, Georgia 30350

(City/State and Zip code)

**** A UPS Overnight envelope is enclosed for your convenience.**

For further information concerning this matter, please call:

Chrystal Jackson, Paralegal

(Name of Person)

at (404) 214-6584

(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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TALLAHASSEE, FLORIDA

**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. Noel David, 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

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. October 14, 1998

(Date of incorporation)

5. Perpetual Duration

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1081 Katherine Lane, Greensboro, Georgia 30062

(Principal office address)

1081 Katherine Lane, Greensboro, Georgia 30062

(Current mailing address)

8. [SEE ATTACHED SHEET]

(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 NOT acceptable)

Name: CT Corporation Systems

Office Address: 1200 South Pine Island Road

Plantation

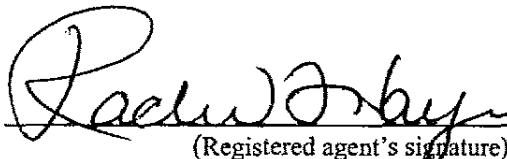
(City)

, Florida 33324

(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.


(Registered agent's signature)

RACHEL T. HAYES
ASSISTANT 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 business addresses of officers and/or directors:

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CLERK OF THE COURT
STATE OF FLORIDA

A. DIRECTORS

Chairman: 33324

Address: 1081 Katherine Lane, Greensboro, Georgia 30642

Vice Chairman: _____

Address: _____

Director: Noel David

Address: 1081 Katherine Lane, Greensboro, Georgia 30642

Director: Paula J. David

Address: 1081 Katherine Lane, Greensboro, Georgia 30642

B. OFFICERS

President: Noel David

Address: 1081 Katherine Lane, Greensboro, Georgia 30642

Vice President: _____

Address: _____

Secretary: Paula J. David

Address: 1081 Katherine Lane, Greensboro, Georgia 30642

Treasurer: Paula J. David

Address: 1081 Katherine Lane, Greensboro, Georgia 30642

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Noel David, Director

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

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CLERK OF DISTRICT COURT
ALABAMA
FLORENCE

13.) Continued:



(Signature of Director listed in number 12 of application)

14.) Continued:

Paula J. David

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

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S.C. DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

11). Certificate of Existence
Attached

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : J819935
DATE INC/AUTH/FILED: 10/14/1988
JURISDICTION : GEORGIA
PRINT DATE : 11/22/2004
FORM NUMBER : 211

PERRIE & COLE, LLC
CHERYL V. SHAW
400 NORTHRIDGE ROAD, SUITE 700
ATLANTA, GA 30350

CERTIFICATE OF EXISTENCE

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

is in compliance with the applicable filing and annual registration provisi of Title 14 of the Official Code of Georgia Annotated

Said entity was formed in the jurisdiction stated above, or was authorized transact business in Georgia on the above date, and has not filed articles dissolution, certificate of cancellation or any other similar document with Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named ent as of the print date above. It does not certify whether or not a notice 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 w the Secretary of State.

This information is electronically transmitted, issued and certified accordance with the Georgia Electronic Records and Signatures Act and Title of the Official Code of Georgia Annotated and is prima-facie evidence that s entity is in existence or is authorized to transact business in this state.

20041122192927466



Cathy Cox

Cathy Cox
Secretary of State