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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

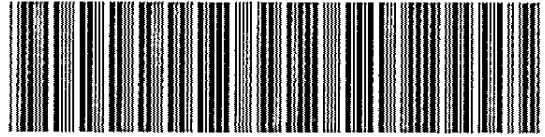
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 JAN 10 PM 4:26
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OFFICE OF SCOTORATION
TALLAHASSEE, FLORIDA

J. BRYAN JAN 11 2005

WILLIAM T. LIGON, JR., P.C.
ATTORNEY AT LAW

WILLIAM T. LIGON, JR.
SABRINA "TONI" M. MIDDLETON

1710 GLOUCESTER STREET
BRUNSWICK, GEORGIA 31520
(912) 261-2263
FAX: (912) 261-0463

400 MAIN STREET
COTTAGE 5
ST. SIMONS ISLAND, GEORGIA 31522
(912) 638-0113
FAX: (912) 638-2773

January 7, 2005

Florida Department of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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2005 JAN 10 PM 4:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE: ALCESTIS-ALCIDES, INC.

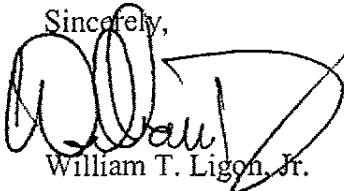
Dear Sir/Madam:

Enclosed please find the following documentation relating to the above-captioned Georgia corporation which needs to be authorized to do business in Florida:

1. Original Transmittal Letter;
2. Original Application by Foreign Corporation For Authorization to Transact Business in Florida;
3. Original Certificate of Existence; and
4. Our firm's check made payable to the Florida Department of State in the amount of \$87.50 which represents your filing fee and the fee to obtain a certificate of status.

After the application has been processed, please return all documentation to me at your earliest convenience.

Thank you for your assistance with this matter.

Sincerely,

William T. Ligon, Jr.

WTL/apd
ENCLOSURES: as stated

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALCESTIS-ALCIDES, INC.
(Name of corporation - must include suffix)

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DIVISION OF CORPORATIONS
TALLHASSEE, FLORIDA

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:

William T. Ligon, Jr.
(Name of Person)

William T. Ligon, Jr., P.C.
(Firm/Company)

1710 Gloucester Street
(Address)

Brunswick, Georgia 31520
(City/State and Zip code)

For further information concerning this matter, please call:

Adrienne Dills at (912) 261-2263
(Name of Person) (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

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.

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. ALCESTIS-ALCIDES, 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 3. 20-1165973
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04-29-04 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Has not transacted business in Florida to date.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1710 Gloucester Street, Brunswick, Georgia 31520
(Principal office address)

834 Standish, Charleston, South Carolina 29412
(Current mailing address)

8. Georgia purpose is to manage wildlife. Florida purpose is to manage wildlife.
(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)

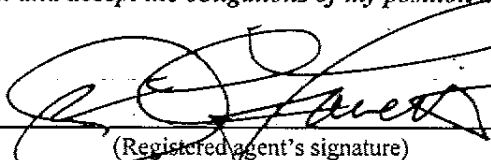
Name: John C. Lovett, Esquire

Office Address: 106 East College Avenue, Suite 1200

Tallahassee, Florida 32301
(City) (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)

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. DIRECTORS

Chairman: L. M. Bowler

Address: 834 Standish
Charleston, South Carolina 29412

Vice Chairman: _____

Address: _____

Director: L. M. Bowler

Address: 834 Standish
Charleston, South Carolina 29412

Director: _____

Address: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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B. OFFICERS

President: L. M. Bowler

Address: 834 Standish
Charleston, South Carolina 29412

Vice President: N/A

Address: _____

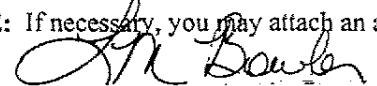
Secretary: L. M. Bowler

Address: 834 Standish, Charleston, South Carolina 29412

Treasurer: L. M. Bowler

Address: 834 Standish, Charleston, South Carolina 29412

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. L. M. Bowler, President
(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 : 0427246
DATE INC/AUTH/FILED: 04/29/2004
JURISDICTION : GEORGIA
PRINT DATE : 01/06/2005
FORM NUMBER : 211

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2005 JAN 10 PM 4:33
SECRETARY OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

WILLIAM T. LIGON, JR., P.C.
WILLIAM T. LIGON, JR.
1710 GLOUCESTER STREET
BRUNSWICK, GA 31520

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 print date

ALCESTIS-ALCIDES, 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.

20050106161403765



Cathy Cox

Cathy Cox
Secretary of State