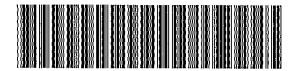
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations
SUBJECT: PENASSAICE PENASS (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:
ANDREW EASON
(Name of Person)
PENDISSAUCE PEALTY INVESTMENTS, INC.
• •
15 WILLIAMSBURG AVENUE, THOMSWILLE, EN 3175
THOMASVILLE, GEORGIA 31757
(City/State and Zip code)
For further information concerning this matter, please call:
WICHELE HACKER at (729) 227.6093 58 8
(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 & ☐ \$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

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.

(Enter name of c	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Corp., ""Inc.," "Co.," or "Corp.")	-
	ERBEST TEVELEPINENT lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. (State or country	under the law of which it is incorporated) 3. 20. 0764830 (FEI number, if applicable)	
4. Figure (Date	e of incorporation) 5. Free CUAL (Duration: Year corp. will cease to exist or "perpetual")	
6. <u> </u>	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 15 w	(Principal office address) (Principal office address)	
15 W	(Current mailing address)	7
	s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and stree	eet address of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	DEPED POWELL PO	
Office Address:	111 North 37 10 5 10 2 7	
	(City), Florida 372456 (Zip code)	
Having been nam	ngent's acceptance: med as registered agent and to accept service of process for the above stated corporation at the place is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I	
	s approcusion, I nevely accept the appointment as registered agent and agree to act in ints capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my duties,	
	r 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: KIMBERUEY S. WECKLOT		
Address: 15 WILLIAMSBURG AVENUE		
THOMASVILLE, GEORGIA 31757		
Vice Chairman:		
Address:		
Director: Attended EdSol		
Address: 15 WILLIAMSBURG AVENUE		
THOMASVILLE, GA 31757		
Director:		
Address:		
B. OFFICERS		
President: KINBERLEY > WECKNEET		
Address: 15 WILLIAMS BURG AVENUE		
THOMASNUE, GEORGIA 31757		
Vice President:		
Address:		
AES 05		
Secretary:		
Address:		
Treasurer:		
Address:		
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. MANAGUES DIRECTOR		
(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

: 0409908 CONTROL NUMBER DATE INC/AUTH/FILED: 02/23/2004 JURISDICTION : GEORGIA PRINT DATE : 01/20/2005

FORM NUMBER : 211

RENAISSANCE REALTY INVESTMENTS, INC. DAVID ANDREW EASON 15 WILLIAMSBURG AVENUE THOMASVILLE, GA 31757

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

> RENAISSANCE REALTY INVESTMENTS, 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

electropically transmitted, issued and certified information is 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.

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Secretary of State