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(Req	uestor's Name)	
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(City/	State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busi	ness Entity Name)	
· (Docu	ument Number)	
Certified Copies	Certificates of Statu	us
Special Instructions to Fil	ling Officer:	$\overline{}$
	1 5	. !





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3/4



ACCOUNT NO. : 072100000032

REFERENCE : 231116 4321591

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE: March 1, 2005

ORDER TIME : 10:09 AM

ORDER NO. : 231116-055

CUSTOMER NO: 4321591

CUSTOMER: Susan Arnold

Troutman Sanders Llp

Suite 5200

600 Peachtree Street Ne

Atlanta, GA 30308

FOREIGN FILINGS

NAME: CT SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER:

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned John Harrington, do hereby certify that this Resolution of the Board of Directors of CT Services, Inc., a corporation duly organized and existing under the laws of the State of Michigan, was duly adopted on Feb 21st, 2005.

Be it resolved, that CT Services, Inc., organized and existing in the State of Flordia, hereby adopts the name Axis Vehicle Services, Inc. for use in the State of Florida

Date: 2.21-05

John Harrington, President

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

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	CT SERVICES	s, inc.		7 0
	(Enter name of	corporation; must include "INCORPORATI	ED,	" "COMPANY," "CORPORATION" "
		Corp," "Inc," "Co," or "Corp.")		
				THE STATE OF THE S
				Spar Francisco
	Axis Veh	icle Services, Inc.		1 + 1 C + 1 C + 1 T T T T T T T T T T T T T T T T T T
	(If name unava	illable in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida
2.	Michigan		3.	38-2918187 2F 2
		y under the law of which it is incorporated)		(FEI number, if applicable)
4.	December 2	26, 1989	5.	Perpetual
		te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
6.	Upon Qualis	fication		
			not	transacted business in Florida, insert "upon qualification."
		(SEE SECTIONS 607.1:	501	, 607.1502 and 817.155, F.S.)
		coup, Suite 400, 160 Clairemont Av	e	
7.	Decatur, Ga			
		(Principal office a	add	ress)
	Suite 400,	160 Clairemont Ave, Decatur, Ga	300	30
		(Current mailing	add	iress)
	Perform au	tomobile inspections. To engage	re	in any act or activity for which
8.		ons may be organized.	-	in any dot of abelian, let willow
٠.		(s) of corporation authorized in home state of	r co	ountry to be carried out in state of Florida)
9.	Name and str	reet address of Florida registered agen	t:	(P.O. Box or Mail Drop Box NOT_acceptable)
	Name:	Corporation Service Company		
Of	ffice Address:	1201 Hays Street		
		Tallahassee		, Florida 32301
		(City)		(Zip code)
10	Registered :	agent's accentance		

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.

Corporation Service Company By: Contha L. Carro	Cynthia L. Harris
(Registered agent's signature	e)

Assistant Vice President

- 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: See attached officers/directors rider
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: See attached officers/directors rider
Address:
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
Audress.
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. <u>III</u>
(Signature of Director or Officer listed in number 12 of the application)
14 John Harrington President

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

OFFICERS RIDER

AK-Application for Certificate of Authority

CT SERVICES, INC.

List of Officers

Title: President John Harrington Name:

Bus. Addr.: 160 Clairemont Ave, Suite 400, Decatur, Ga 30030

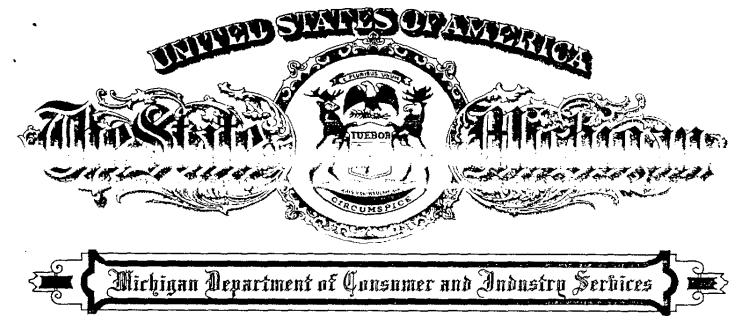
Name: Robert Fleming Title: Vi Bus. Addr.: 160 Clairemont Ave, Suite 400, Decatur, Ga 30030 Title: Vice Pres., Sec.

Name: Scott Macaulay Title: Treasurer

Bus. Addr.: 160 Clairemont Ave, Suite 400, Decatur, Ga 30030

Title: Vice Pres. Name: John Kreisler

Bus. Addr.: 160 Clairemont Ave, Suite 400, Decatur, Ga 30030



Lansing, Michigan

This is to Certify That

C T SERVICES, INC.

was validly incorporated on December 26, 1989, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 2nd day of March, 2005.

, Director

Bureau of Commercial Services