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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Shanger Tower, Inc. (Name of corporation - must include suffix)					
(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:					
(Name of Person)					
(Name of Person)					
Michael Mad Atty Es & Grim/Company)					
24 Walter Martin Syist 多一					
(Address)					
Ft Walton Beach, FL 32548 = 3					
(City/State and Zip code)					
For further information concerning this matter, please call:					
(Name of Person) at (850) 243-3135 (Area Code & Daytime Telephone Number)					
STREET ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations 409 E. Gaines St. Division of Corporations P.O. Box 6327					
Tallahassee, FL 32399 Tallahassee, FL 32314					
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee \& Certificate of Status \$\Bigcup \\$78.75 Filing Fee \& Certified Copy \$\Bigcup \\$78.75 Filing Fee \& Certified Copy					

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A	ANCE WITH SECTION 607.1503 4 FOREIGN CORPORATION TO	TRANSACT BUSI	NESS IN THE STATE OF FLO	RIDA.
1.	<u>Shannen</u> ne of corporation; must include "INC	Tower, I	. N.C	
(Enter nam "Inc.," "Co	ne of corporation; must include "INC o.," "Corp," "Inc," "Co," or "Corp.")	ORPORATED," "CO	OMPANY," "CORPORATION,"	
(If name ur	navailable in Florida, enter alternate	corporate name adopt	ed for the purpose of transacting b	ousiness in Florida)
2. <u>S-</u>	tate of Grorgian nuntry under the law of which it is inc	3		
(State or co	ountry under the law of which it is inc	corporated)	(FEI number, if application	able)
4	(Date of incorporation)	5	Pe petual	
	(Date of incorporation)	(Du	ration: Year corp. will cease to ex	ist or "perpetual")
6	Upon	Qualifi	ida, if prior to registration)	
	(Date first trans) (SEE SECTIONS 607	acted business in Flor 7.1501 & 607.1502, F	ida, if prior to registration) .S., to determine penalty liability)	
7	110 Habersha	oriva	51. 121 Fuyotta	wille, 64 302
	Sama			
	(Curr	ent mailing address)		TAE S
8	Real Esta	+		CASTA TIL
(Pur	pose(s) of corporation authorized in	home state or country	to be carried out in state of Floric	
9. Name and	l street address of Florida register	ed agent: (P.O. Bo	x <u>NOT</u> acceptable)	EFF.
Nan	ne: <u>Michael</u>	Mead	-	PN 12: 59 EE FLORIDA
Office Addre	ess: 24 Walter M	lardin	-	
	Ft. Walton (City)	brach	, Florida 32548 (Zip code)	
10 Posistar	red agent's accentance		· ·	

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:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS CEO President: John W. Bonner
Address: 110 Habersham Orive, Suite 121
CFO Fayetteville, 64 30214
Address: Carter W. Johnson Address: 110 Habersham Drive, Syite 121
Secretary: Carter W. Johnson
Address: 10 Habershan Wir, Suitz 121 Fajotterilly 6A 341
Address: No Habersham Onive, Suite 12: Fagotterille, 6A3041 Treasurer: John W. Donner Address: No Habersham Orive, Suite 12: Fagotterille, 6A3041
NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors.
13. CFO (Signature of Director or Officer listed in number 12 of the application)
14. Carter W. Johnson CFo (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 : K620651 DATE INC/AUTH/FILED: 06/27/1996 JURISDICTION : GEORGIA : 03/08/2005 PRINT DATE

FORM NUMBER

SHANNON TOWER, INC. CARTER W. JOHNSON 110 HABERSHAM DRIVE, SUITE 121 FAYETTEVILLE, GA 30214

CERTIFICATE OF EXISTENCE

State of Georgia, do hereby certif I, Cathy Cox, the Secretary of under the seal of my office int date

egistration provision: is in compliance & of Title 14 of the

ted above or was authorized to and has not filed articles o other simplar document with the Said entity was ormed in transact business un George the above dissolution, cer Office of the Se

Line above-named entity This certificate to the whether or not a notice of as of the print date above intent to dissolve \ an appli atement of commencement of winding up or an filed or is pending with the Secretary of State

issued and certified This information accordance with the Georgia Electronic Records and Signatures Act and Title 1of 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