(Requestor's Name)	100054298561		
(Address)			
(Address)  (City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	MJH		
(Document Number)			
Certified Copies Certificates of Status	a. 11a/05++01037++607 ***+15		
Special Instructions to Filing Officer:			
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Office Use Only

# TRANSMITTAL LETTER

	stration Section ion of Corporations			
SUBJECT:	CGB Services, Inc.			
	(Na	ame of corpora	tion - must include suffix)	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign f Existence," and check a less in Florida.	Corporation for are submitted to	or Authorization to Transac o register the above referen	et Business in Florida," ced foreign corporation to
Please return	all correspondence conce	erning this mat	ter to the following:	
Bill Hammill				
		(Name	of Person)	
Driver, McAfe	ee & Griggs, P.L.			
		(Firm/0	Company)	
One Indepen	dent Drive, Suite 1200			
		(Ad	ddress)	
Jacksonville,	Florida 32202			
		(City/Stat	e and Zip code)	
For further in	formation concerning thi	s matter, pleas	e call:	
Bill Hammill		at (904	<sub>}</sub> 301-1269	_
(Nan	ne of Person)		a Code & Daytime Telepho	one Number)
Regis Divis 409 E	EET ADDRESS: Stration Section ion of Corporations E. Gaines St. hassee, FL 32399		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, F.	ection orporations
Enclosed is a	check for the following a	mount:		
□ \$70.00 Fil		ling Fee & te 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.

<ol> <li>CGB Services,</li> </ol>	, Inc.					
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						
(If name unavail	able in Florida, enter alternate cornorate n	ame	adopted for the purpose of transacting busing	ages in F	lorida)	
Vermont	able in Piorida, enter alternate corporate na		47-0887131	1622 111 1	iorida)	
	under the law of which it is incorporated)	_ J.	(FEI number, if applicable)	)		
. October 15, 20	003	5.	Perpetual			
(Date	e of incorporation)		(Duration: Year corp. will cease to exist of	r "perpe	tual")	
April 25, 2005						
PO Box 333 5			n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
. 1 .O. Box 000, V	(Principal office	add	ress)	<del></del>		
P.O. Box 333. S	Swedesboro, NJ 08085		ŕ			
	(Current mailing	add	ress)	<del></del> -		
Courier Service	es					
(Purpose(s	s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	÷ :	05	
. Name and stree	et address of Florida registered agent: (	(P.C	). Box NOT acceptable)	**	05 MAY 12	
Name:	Intrepid Registered Agent Services,	LL	<u> </u>		13	
Office Address:	One Independent Drive, Suite 1200				<u> 15</u>	
	Jacksonville		, Florida <u>32202</u>		ः 23	
	(City)		(Zip code)	. · ·	ب	

#### 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: Christopher Barnard
Address: P.O. Box 333
Swedesboro, NJ 08085
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Christopher Barnard
Address: P.O. Box 333
Swedesboro, NJ 08085
Vice President:
Address:
Secretary: Christopher Barnard
Address: P.O. Box 333, Swedesboro, NJ 08085
Treasurer: Jennifer Clerval
Address: P.O. Box 333, Swedesboro, NJ 08085
NOTE: If necessary/you may attach an addendum/to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
Christopher Barnard, Sole Director and President
(Typed or printed name and capacity of person signing application)

## STATE OF VERMONT

#### OFFICE OF SECRETARY OF STATE

### **Certificate of Good Standing**

I, Deborah L. Markowitz, Vermont Secretary of State, do hereby certify that according to the records of this office

#### CGB SERVICES, INC.

a corporation formed under the laws of the State of Vermont

was filed for record in this office on October 15, 2003

I further certify that the corporation has perpetual duration, that its most recent annual report is on file, and, as of this date, articles of dissolution/withdrawal have not been filed.

March 24, 2005

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital

Deborah Markowitz Secretary of State

