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# TRANSMITTAL LETTER

TO:	Registration Se Division of Co			•
SUBJ	ECT:	DOCED, IN	C	
			ation - must include suffix)	)
Dear S	ir or Madam:			
"Certif	closed "Applica ficate of Existend of business in Flo	tion by Foreign Corporation ce," and check are submitted brida.	for Authorization to Transa to register the above refere	nct Business in Florida," need foreign corporation to
Please	return all corres	pondence concerning this ma	itter to the following:	
	Annette	Gizons		
		(Nam	e of Person)	
	Doceo, la	ı <i>c.</i>		
		(Firm	/Company)	
	470 3RD	St. S # 706 (Aburg, FL 33701 (City/Sta		
		(A	(ddress)	
	St. Petus	burg. FL 33701	•	
		(City/Sta	ate and Zip code)	
For fur	ther information	concerning this matter, plea	se call:	
	Annette C	TID CHAIS	8 \ 852 - 5742	
	(Name of Pers	on) at (Cot)	ea Code & Daytime Teleph	ione Number)
	`	,		,
	STREET ADI Registration Se Division of Co 409 E. Gaines Tallahassee, FI	etion rporations St.	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclos	ed is a check for	the following amount:		
\$70	.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

### 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. DOCEO, 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. 58-2535940
(State or country under the law of which it is incorporated)
4. 1012712000 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") 6. \_\_\_\_\_8-01-05 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 470 3RO St. S # 706 St. PeterSburg, FL 33701
(Principal office address) 470 3RD St. S # 706 St. Petersburg, FC 33701
(Current mailing address) Relocation of Corporate officers Journess to FC

(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) Annette Grooms

470 3K0 St. S # 706

St. Petersburg, Florida 33'701

(City) (Zip code) Name: Office Address: 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.

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: Gary Grooms
Address: 470 3RD St. S. #706
St. Peterslowing, FL 33701
Vice Chairman: Annelle Grooms
Address: 470 3K0 St. S £ 706
St. Petersburg, FL 33701
Director:
Address:
Director:
Address:
B. OFFICERS
President: Gary Grooms
Address: 170 3RD St. S # 706
St. Peterslung, FL 33701
Vice President:
Address:
Secretary: / Treasurer: Annette Giroms
Address: 470 3KD St. S # 706 St. Petersburg, FL 33901
Treasurer:
Address:
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)
14. Annette Grooms, Secretary / Treasurer (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 : 0047635 DATE INC/AUTH/FILED: 10/27/2000 JURISDICTION : GEORGIA PRINT DATE : 07/20/2005

FORM NUMBER : 211

DOCEO, INC.
ANNETTE GROOMS
470 3RD ST. S #706
ST. PETERSBURG, FL 33701

#### 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

#### DOCEO, 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.

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Cathy Cox Secretary of State