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To:

Division of Corporations

Fax Number

: (850)205-0383

Account Name

: C T CORPORATION SYSTEM

: FCA0000000023 Account Number Phone : (850)222-1092 Fax Number : (850)878-5926

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FOREIGN PROFIT QUALIFICATION

Partriot Services, Inc.

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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.

1. Patriot Services					
(Enter name of c	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED	," "COMPA)	NY," "CORPORATION,"	
Georgia Patriot !	Services, Inc.				
(If name unavails	able in Florida, enter alternate corporate n	unic	adopted for t	he purpose of transacting bus	iness in Florida)
Ceorgia		_ 3.	58-2655300		
(State or country	under the law of which it is incorporated)	-		(FEI number, if applicable	e)
10/11/2001		5.	Perpetual		
(Date	of incorporation)	•	(Duration:	Year corp, will cease to exist	or "perpetual")
. upon qualificatio	en	_			
	(Date first transacted busine				
	(SEE SECTIONS 607.1501 & 60	7,1	502, F.S., to d	letermine penalty liability)	
533 Plaza Drive,	Monroe, Georgia 30655				
	(Principal office	<u>ad</u> d	ress)		
	(Current mailing	яďс	iress)	**************************************	
				ţ	, _
Government com				1	<u> </u>
. (Purpose(s)	of corporation authorized in home state of	or co	ountry to be c	arried out in state of Florida)	ES E
. Name and street	t address of Florida registered agent: ((P.C	D. Box NOI	acceptable)	= = 1
		•	 -	- " '	SS .~ ~
Name:	C T Corporation System				Fig =
Office Address:	1200 South Pine Island Road	_			75 0
					8: 05 FLORIE
	Plantation		, Flori	da <u>33324</u>	Em on
	(City)			(Zip code)	15
	ent's acceptance: ed as registered agent and to accept so	ervi	ce of proces	s for the above stated corp	oration at the place
lesignated in this	application, I hereby accept the appoint	Inv	nent as regis	stered agent and agree to a	ict in this capacity. I
	omply with the provisions of all statut				formance of my duties
ina 1 am familiar	with and accept the obligations of my	po	smon as reg	nstered agent.	
	C T Corpor	ratio	n System		

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.

(Registered agent's signature)

COMME BRYAN

SPECIAL ASSISTANT SPECTARY

12. Names and business addresses of officers and/or directors:

By:

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P. 002

. DIRECTORS	
naizman; Stephanie Bisokmon	
idress: 333 Pieze Drive, Monroe, Georgia 30655	
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Idress:	
idress:	
OFFICERS	
esident: Stephanie Blackmen	1 70 S
idress: 333 Plaza Drive, Moorne, Gaornia 30655	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ce President:	72.
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OTE: If necessary, popularly attach an addengum to the application	· ·
_ Opent	Tras-
(Signature of Director or Officer listed in numb	
Typed or printed name and camenty of nerso	deNT

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Secretary of State
Corporations Division

315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0145643
DATE INC/AUTH/FILED: 10/11/2001
JURISDICTION : GEORGIA
PRINT DATE : 08/02/2005
FORM NUMBER : 211

CT CORPORATION SYSTEM DALE MORRIS 1201 PEACHTREE STREET, N.E. ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of Therefore of Georgia, do hereby certify under the seal of my office that de of the simple print date

is in compliance with the approache filing and should registration provisions of Title 14 of the official trade of acceptance and the official trade of t

Said entity was sermed in intrinsiction and showed or was authorized to transact business in Secretarion as Hardre along and has not filed articles of dissolution, certainizes of the Secretary of Set.

This certificate telates only to the least entrance of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve in appropriate the wholeself, a platement of commencement of winding up or an other sanitar document has been filed or is pending with the Secretary of States.

This information is electronically transacted, issued and certified in accordance with the Georgia Englished 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.

20050802191713286

Cathy Cox Secretary of State