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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: <u>Metrowide Properties</u> <u>Two.</u> (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:					
Stephen Andrew Mitchell					
Stephen Andrew Mitchell (Name of Person)					
(Name of Person)  Metrowide Properties Two- (Firm/Company)					
(Firm/Company)					
259 Popler Mill Rd (Address)					
(Address)					
Demorest, Ga. 30535 (City/State and Zip code)					
(City/State and Zip code)					
For further information concerning this matter, please call:					
Stephen mitchell at (678) 776 8290  (Name of Person) (Area Code & Daytime Telephone Number)					
(Name of Person) (Area Code & Daytime Telephone Number)					
CORPORA A DEDUCCIO					
STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section					
Division of Corporations Division of Corporations					
409 E. Gaines St. P.O. Box 6327					
Tallahassee, FL 32399 Tallahassee, FL 32314					
Enclosed is a check for the following amount:					
□ \$70.00 Filing Fee \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certificate of Status Certified Copy  Certified Copy					

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

1. 1110-	trouside		١.	ies i	HE STATE O	F FLORID	<i>'</i> A.	
(Enter name of c	orporation; must inc orp," "Inc," "Co," or	lude "TNCORP "Corp.")	ORATED,"	"COMPANY,"	"CORPORA	TION,"		-
(If name unavail	able in Florida, enter	alternate corpo	orate name ac	dopted for the pu	rpose of trans	acting busing	ness in Florida)	•
2. <u>Geo</u>	under the law of wh		3.	20-	2089	105	<b>&gt;</b> 5	<u></u> .
(State or country	under the law of wh	ich it is incorpo	rated)	(i	El number, i	fapplicable)	51	
	0/2004		5	Perpet (Duration: Year	ual			
(Date	of incorporation)	•		(Duration: Year	corp. will cea	se to exist o	or "perpetual")	
6. New	ver					-		1
		TIONS 607.150	1 & 607.150	Florida, if prior t 2, F.S., to determ	nine penalty l	iability)	22	)
7. 259	Popler	(Principal	Rd office addres	Derroi	rest ,	Ga	30535	
259	Popler	(Current m	Rc nailing addre	Demor	est t	Ga	30535	<u>-</u>
8. Real Est (Purpose(s	ate Broker of corporation auth	ase Son	olces, state or coul	Real Esta	l out in state of	stment of Florida)	s + Devel	opme
9. Name and stree	t address of Florid	a registered ag	gent: (P.O.	Box NOT acco	_		_	
HEING ROPA	Ralph 1	Alexan	der		14	·	. ADORCH	
Office Address:	10859 Eme			<u>#4-162</u>		179	BEACH IF AINE	DA.
	Dest		•	, Florida <u>_</u> §	72550		IF MAC	
	<u> </u>	(City)			(Zip code)	- ૧.સ.ક્	FLOKE	
10. Registered ag	rantic accontance						•	3 2 S S
Having been nam designated in this	ed as registered ag application, I her comply with the pro	gent and to accept the ovisions of all.	appointme statutes rela	nt as registered ative to the pro	d agent and per and con	agree to ac	ration at the p ct in this capac	olace city. I
and I am familiar	with and accept to	ie obuganons	oj my posu	non us register	eu ugeni.			

- 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: Director: \_ Address: \_ Director: Address: \_ **B. OFFICERS** President: Address: 305 35 Vice President: 5ter Address: 259 Pobler Secretary: Address: Treasurer: \_ Gc 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)

Stephen Mitchell President
(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 : 0475357
DATE INC/AUTH/FILED: 12/20/2004
JURISDICTION : GEORGIA
PRINT DATE : 07/27/2005

FORM NUMBER : 211

METROWIDE PROPERTIES, INC. STEPHEN MITCHELL \_ 259 POPLAR MILL RD DEMOREST, GA 30535

#### 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

METROWIDE PROPERTIES, 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 Setretary 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