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## TRANSMITTAL LETTER

Division of Cor					
SUBJECT: SouthPoi	nt Financial Services, Inc.				
		ation - must include suffix)			
Dear Sir or Madam:					
	e", and check are submitted	for Authorization to Transact to register the above reference			
Please return all corresp	ondence concerning this ma	tter to the following:			
Paula Wilbanks					
	(Nam	e of Person)			
SouthPoint Financial S	ervices, Inc.		<b>7</b> 1.0	೧	
	(Firm	/Company)	ري ميند پر د د د	SEP	
1000 Cobb Place Blvd.	, # 500 A		_ •		
	(A	(ddress)			U
Kennesaw, GA 30144				6	
	(City/Sta	ate and Zip code)	ï	MI 10: 52	
For further information	concerning this matter, plea	se call:			
Paula Wilbanks	at (678	) 460-3291			
(Name of Perso		ea Code & Daytime Telepho	ne Number)		
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399	ıs	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for	the following amount:	,			
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fe Certificate of St 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.

SouthPoint of		me a	adopted for the purpose of transacting business	in Florida)	_
2. Georgia		3.	58-2363251		
(State or count	try under the law of which it is incorporated)	_	(FEI number, if applicable)		
4. 12/23/1997		5. Perpetual			
(D	ate of incorporation)		(Duration: Year corp. will cease to exist or ";	perpetual")	
6. Upon Qualifi	ication				
•	(SEE SECTIONS 607.1		transacted business in Florida, insert "upon qui 607.1502 and 817.155, F.S.)	annoanon.	, S
7. 5910 Shilon	Road East, Alpharetta, GA 30005	<del></del>	<del></del>		- 22
7. 597U Shilon	(Principal office	addr	ess)	<u> </u>	- SEP
· · <u></u>	(Principal office Road East, Alpharetta, GA 30005		<u></u>		5 SEP -6
5910 Shiloh I	(Principal office Road East, Alpharetta, GA 30005  (Current mailing		<u></u>	SE NO CONTROL NO CONTR	<b>6</b> - 43S
5910 Shiloh I	(Principal office Road East, Alpharetta, GA 30005  (Current mailing	addr	ress)	SE CORDA	- 43S
5910 Shiloh I 3. Mortgage Le	(Principal office)  Road East, Alpharetta, GA 30005  (Current mailing)  ending  se(s) of corporation authorized in home state of	addr or co	ress)	SE SIA E	5 SEP -6 AII 10: 52
5910 Shiloh I 3. Mortgage Le	(Principal office)  Road East, Alpharetta, GA 30005  (Current mailing)  ending  se(s) of corporation authorized in home state of	addr or co	untry to be carried out in state of Florida)	SE STATE STA	SEP-6
5910 Shiloh I  8. Mortgage Le (Purpos  9. Name and s  Name:	(Principal office Road East, Alpharetta, GA 30005 (Current mailing ending exe(s) of corporation authorized in home state of treet address of Florida registered agent	addr or co	untry to be carried out in state of Florida)	SE STATE  SINCE	<b>6</b> - 438
5910 Shiloh I 8. Mortgage Le (Purpos 9. Name and s Name:	(Principal office Road East, Alpharetta, GA 30005 (Current mailing ending se(s) of corporation authorized in home state of treet address of Florida registered agent NRAI Services, Inc.	addr or co	untry to be carried out in state of Florida)	SE STATE STATE	<b>6</b> - 43S

10. Registered agent's acceptance:

SouthPoint Financial Services, Inc.

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.

BX: Scff M. Higdon, Special Asst. Sx.

(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: Larry W. Overby			
Address: 1000 Cobb Place Blvd., # 500 A			
Kennesaw, GA 30144			
Vice Chairman: John H. Murphy, Jr.			
Address: 1000 Cobb Place Blvd., # 500 A			<b></b> _
Kennesaw, GA 30144			
Director: John O. Perry			<b>_</b> _
Address: 5910 Shiloh Road			
Alpharetta, GA 30005			
Director:			
Address:			
		_و_	
B. OFFICERS	- 24	5 SEP	
President: John O. Perry	135 2613	9-	<u> </u>
Address: 5910 Shiloh Road			
Alpharetta, GA 30005	ILC)	<u>.</u>	
Vice President: John H. Murphy, Jr.	- Sw	ြယ	
Address: 1000 Cobb Place Blvd., # 500 A			
Kennesaw, GA 30141			
Secretary: John H. Murphy, Jr.	-		
Address: 1000 Cobb Place Blvd., # 500 A			
Treasurer: John H. Murphy, Jr.			
Address: 1000 Cobb Place Blvd., # 500 A			
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	ınd/or directo	ors.	
13. (Signature of Director or Officer listed in wimber 12 of the application)			<del></del> -
(Signature of Director or Officer listed in number 12 of the application)  14 John H. Murphy, Jr., Executive Vice 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 DOCKET NUMBER : 052370535 CONTROL NUMBER : K800410 DATE INC/AUTH/FILED: 12/23/1997 JURISDICTION : GEORGIA PRINT DATE : 08/25/2005

FORM NUMBER : 211

PAULA WILBANKS SOUTHPOINT FINANCIAL SERVICES, INC. P.O. BOX 100006 KENNESAW, GA 30156

#### 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

## SOUTHPOINT FINANCIAL SERVICES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 abovenamed entity as of the date issued. 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 certificate is issued pursuant to 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.



Aury Cop

Cathy Cox Secretary of State