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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: VISUAL BENEX	- 1-1/12 - T-1			
	ration - must include suffix)			
(Name of corpo.	ration - must include surfix)			
Dear Sir or Madam:				
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to			
Please return all correspondence concerning this ma	atter to the following:			
CHERYI ANDROYS				
Nam	ne of Person)			
11-12 Ballon Ta	11201 (1) T.			
VISUAL DENEMIS /EC	HNO 406, VS, WC,			
1 m// /	Company)			
1090 FULLYS WA	ie of Person) ANO 46, 77, July (Company) Address) 30642 ate and Zip code)			
	2 a / //a			
GRENSBORD, GA	2069 L			
(City/St	ate and Zip code)			
For further information concerning this matter, plea	se call:			
CHERYL ADMINIS OF (74	26 \ 462 3122			
(Name of Person) at (76)	rea Code & Daytime Telephone Number)			
	· · · · · · · · · · · · · · · · · · ·			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Registration Section				
Division of Corporations Clifton Building	<u> </u>			
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$ Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy			

ONI ONATION FUR AUT **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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Corp," "Corp (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 58-2243505 (State or country under the law of which it is incorporated) (FEI number, if applicable) PER PETVAL (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) WAY CKE (Current mailing address) DES. GN (Purpose(s) of cornoration authorized in home state or country to be carried out in state of Florida) A. DIRECTORS 3064 L Director: Address: Director: Address: **B. OFFICERS** Vice President: 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)

ANDREWS

(Typed or printed name and capacity of person signing application)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION O)
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	orporation; must inclusing," "Inc," "Co," or "		.TED," [°] "COMPA	NY," "CÓŘI	ÒRATIOÑ,"		·
(If name unavaila	ble in Florida, enter						da)
2. <u>G</u> 2	EORG: A	· · · · · · · · · · · · · · · · · · ·	3 <u>_</u>	58-21	24350	25	- ,
(State or country u	inder the law of which						
4. <u> </u>	18/199E	<u> </u>	5	TERM	ENAL		
(Date	of incorporation)	0-1-2		Year corp. w	rill cease to exis	t or "perpetual	l")
·,	(Date f	irst transacted busin	ness in Florida, if	prior to regist determine per	ration) nalty liability)	,	The second second
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,. <u> </u>	FUZZY.	(Principal offic	ce address)				
1640 +	[UZZY 5	WAY	GRENSA	Bolo	GA, 3	242	
	5 X550	(Current mailin	ig address)	<u> </u>		-	a "I. "k"
8	SOFT WARE	DES. GA	ر			%	OIVIO S
(Purpose(s)	of corporation author	rized in home state	e or country to be	carried out in	state of Florida)) A	SCR
9. Name and street	address of Florida	registered agent:	(P.O. Box <u>NO</u>	T_acceptable)		우류
Name:	W. J.			g P Comp	المالية المساوية	3	ORP OF
Office Address:	15000 E	MERALD C			- 1	7.	S RATIO
	DESTIN		, Flor	ida <u>325</u>	541	•	5 15
		(City)	š	(Zip co	đe)	ीं की	* *
designated in this d further agree to co	ed as registered age application, I here application, I here apply with the proving the and accept the	by accept the app isions of all statt	oointment as reg utes relative to to my position as re	istered ageni he proper an	t and agree to d complete per	act in this ca rformance of	ipacity. I
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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: KEVIN Anowy	
Address: 1011 OAK VALLET	
GREENSBORO, GA. 30642	
Vice Chairman: CHERYL Aventus	
Address: 1040 LUZZYS WAY CORENS BORD CA, 30642	3
Director:	
Address:	
Director:	
Address:	===
B. OFFICERS	
President: KEVIN AMPRICA	05 NVIS
Address: 1011 BAY VALLEY	ST S
Carpeng Boro GA, 30642	o com
	THE ST
Vice President:	7
Address:	<u> </u>
Secretary: W. J. Aporous	and of the same
Address: 15000 EMERALD CORST 6 May # 80% DESTIN, FL	32891
Treasurer: W. J. Amorus	
Address: 15000 EMBRAY CORT BRUY + 804 DESTIN FL.	3254)
·	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors.
13.	
(Signature of Director or Officer listed in number 12 of the application)	
14. KEV.W ANDREWS (Typed or printed name and capacity of person signing application)	
(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 : K615556
DATE INC/AUTH/FILED: 05/08/1996
JURISDICTION : GEORGIA
PRINT DATE : 09/08/2005

FORM NUMBER : 211

VISUAL BENEFITS TECHNOLOGIES, INC
W.J. ANDREWS
1040 FUZZYS WAY
GREENSBORO, GA 30642

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

VISUAL BENEFITS TECHNOLOGIES, 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.

20050908202226323



Cathy Cox Secretary of State