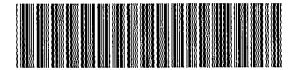
## 0500000 6852

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:

Dear Sir or Madam:

Registration Section Division of Corporations

to transact business in Please return all corres	rionda. spondence concerning this n	natter to the following:	
ALLA	William	иЗ	O SE
	(National Trivest	me of Person)	A?? <b>≥</b>
BigTr	ME INVEST	MENTS INC.	TAIN ASS
	(Firm	n/Company)	m-< <b>∞</b> 1
402	Find TNVEST  (Find S. WEST  (City/S	STREET	
	(	Address)	AT L
BANGE	Bodge, GA	4. 39819 (tate and Zip code)	A A
	(City/S	tate and Zip code)	
	n concerning this matter, ple		 14
		ease call: 29 ) 248-455 Area Code & Daytime Teleph	one Number)
(Name of Personal Name	URIER ADDRESS: ection proporations ng e Center Circle		DDRESS: ection orporations
(Name of Personal Control of Cont	URIER ADDRESS: ection proporations ng e Center Circle	29 ) 248-455  Area Code & Daytime Teleph  MAILING A  Registration S  Division of Co  P.O. Box 632	DDRESS: ection orporations

## 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.

	TYME   NO proporation; must include	WEST MENT	COMPANY.		ION "		
	orp," "Inc," "Co," or "Co		COMPANI	, CORPORATI	ON,		
(If name unavaila	ble in Florida, enter alter	mate corporate name	adopted for the	purpose of transac	cting business i	n Florid	<u> </u>
1.	GIA	_					
	under the law of which it	is incorporated) 3.		(FEI number, if a	ipplicable)		
4. 4/25	5/02	5.	- Perp	etiral			
· <del>- / · -</del>	of incorporation)	J.	(Duration: Y	ear corp. will ceas	e to exist or "p	erpetual'	")
6							
		transacted business in IS 607.1501 & 607.1			A C	8	
• / • ~ ~	•			-	AF.	NO.	
7. 402 S	. West ST	Principal office add	race)	37817	<u> </u>	्र	## 1
		(Fillicipal Office add	1055)		SEE	(CO)	
		(Current mailing add	ress)	<u></u>		<u>ား</u> မှ	
	,				DRII	19	
	Purchase /				<u>A</u>		
(Purpose(s	) of corporation authorize	ed in home state or co	ountry to be car	ried out in state of	Florida)		
9. Name and stree	t address of Florida re	gistered agent: (P.	O. Box NOT	acceptable)			
Name:	Ravald A	E. Hussey	, 	·			
Office Address:	4527 Mag	Nola Rd	<del></del>				
	Marianna		, Florid	a <u>32448</u>			
	((	City)		(Zip code)			

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.

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: Address: Vice Chairman: Address: \_ Address: \_\_ Address: **B. OFFICERS** President: ALLAN WILLIAMS Address: 402 S. WEST ST. Vice President: Royald Hussey

Address: 4527 Magnolia Rd. Secretary: Norma Address: 4527 Magnolia Rd. Marianna, FL. 32448 Treasurer: \_\_\_ 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. ALLAN WILLIAMS PLESIDENT
(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 : 0221939
DATE INC/AUTH/FILED: 04/25/2002
JURISDICTION : GEORGIA
PRINT DATE : 11/28/2005
FORM NUMBER : 211

BIGTYME INVESTMENTS INC. ALLAN WILLIAMS 1615-L E. SHOTWELL ST. BAINBRIDGE, GA 39819

## 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

BIGTYME INVESTMENTS, INC.

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.

20051128152422731



Cathy Cox Secretary of State