

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number :

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

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# FOREIGN PROFIT QUALIFICATION

Beam Team, Inc.

Certificate of Status	0
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Page Count	06
Estimated Charge	\$70.00

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**PORPORATA Filings** 

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANS BUSINESS IN FLORIDA FILED MID: 50 IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 7 Beam Team, Inc. (Enter name of corporation; most include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name mavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Georgia (State or country under the law of which it is incorporated) (FEI number, if applicable) 10/31/2003 5. Perpetual (Duration: Year coxp. will cease to exist or "perpetual") (Date of incorporation) 6, 01/01/2005 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7, 1350 Bluegrass Lakes Parkway, Alpharetta, GA 30004 (Principal)office address) \$200C (Current mailing address) 8 Installation of Product Displays (Purpose(s) of corporation authorized in home state or country to be terried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Florida (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. C T Corporation System Jennifer F. Aultman Assistant Secretary

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. DIRI	ECTORS SEE ATTACHMENT		0.7
Chairman	J. Harvey Hall, Jr.		
Address:	1350 Bluegrase Lakes Parkway	•	19 G 6
<u>.</u>	Alpharette, GA 30004		15 C
Vice Chai	oman:		
Address:			07.
_		•	OF.
Director:			
		11	
Director:			
Address:			
,,			
B. OFFI	CERS SEE ATTACHMENT		
		.`	
	1350 Bluegrass Lakes Parkway		
•	Alpharetta, GA 30004		
Vice Presi	dent:	, s.	
Address:			
S <del>ecreta</del> ry:	Richard Hall	·	
Address:	1350 Binegrass Lakes Parkway Alphar	ена, GA 30004	
	Richard Hall		
	1350 Bluegrass Lakes Parkway Alphar	etta, GA 30004	
Willin 622"			
NOTE:	If necessary/you may attach an add:	endum to the application listing additional office	ers and/or directors.
	( Show Shill)		
13	(Signature of Director	or Officer listed in number 12 of the application	1)
14. J. He	rvey Hall, Jr., President		
~	(Typed or printed na	me and capacity of person signing application)	

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Attachment

8502227615

## Affachment to Florida

## Officers & Directors

1. Full Name: Officer/Director: Officer's Title: Director's Title:

Business Address: City:

State: ZIP Code:

2. Full Name: Officer/Director: Officer's Title: Business Address:

City: State: ZIP Code:

3. Full Name: Officer/Director: Officer's Title: Business Address:

> City: State: ZIP Code:

Full Name: 4. Officer/Director: Officer's Title: Business Address:

City: State: ZIP Code:

5. Full Name: Officer/Director: Officer's Title: Business Address:

> City: State: ZIP Code:

б. Full Name: Officer/Director: Officer's Title: Business Address:

> City: State: ZIP Code:

J. Harvey Hall, Jr. Officer, Director

President Chairman

1350 Bluegrass Lakes Parkway

Alpharetta GA 30004

Richard Hali Officer, Director Secretary/Treasurer

1350 Bluegrass Lakes Parkway

Alpharetta GA 30004

Gregory Hall Director

1350 Bluegrass Lakes Parkway

Alpharetta GÄ 30004

William Hall Director

1350 Bluegrass Lakes Parkway

Alpharetta GĀ 30004

Timothy Hali Director

1350 Bluegrass Lakes Parkway

Alpharetta GĀ 30004

Joel Hall Director

1350 Bluegrass Lakes Parkway

Alpharetta GA 30004

12/27/2005 18:05 Attachment

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7. Full Name: Officer/Director: Officer's Title:

Business Address: City: State: ZIP Code:

James Horton Director

1350 Bluegrass Lakes Parkway Alpharetta GÂ 30004



Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0359919
DATE INC/AUTH/FILED: 10/31/2003
JURISDICTION : GEORGIA
PRINT DATE : 11/29/2005
FORM NUMBER : 211

CT CORPORATION SYSTEM
JESSICA CHASTAIN
400 COLONY SQ., STE. 1240, 1201 PEACHTREE STREET,
ATLANTA, GA 30361

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of the State of Georgia, do hereby certify under the seal of my office that a of the above under date

Accepta Profit Corporation

is in compliance with the approache filing and annual registration provisions of Title 14 of the Official constructor and annual registration provisions

Said entity was formed in the jurisdiction blated about or was authorized to transact business in Georgia on the letter day and has not filed articles of dissolution, certificate of clicellation or the similar document with the Office of the Secretary of Caste.

This certificate relater on 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 to withdrawel, a statement of commencement of winding up or any other states document that beginning with the secretary of States.

This information is electronically transmitted, issued and certified in accordance with the Georgia Plantanes 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