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(Re	equestor's Name)	
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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DIVISION CE STATE LAG

MO6-11108





March 8, 2006

JANET TEAGUE CORNERSTONE SUPPORT, INC. 11111 HOUZE RD., SUITE 200 ROSWELL, GA 30076

SUBJECT: EMPIRE SOLUTIONS, INC.

Ref. Number: W06000011108

We have received your document for EMPIRE SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Letter Number: 106A00015996

Doris Brown
Document Specialist



Doris Brown Secretary of State 409 East Gaines St. Tallahassee, FL 32399



Wednesday, March 15, 2006

Dear Doris Brown,

Please find enclosed the corrected certificate of authority application for Empire Solutions, Inc. Per your letter, the filing fee has been deposited. Please apply payment toward this filing. I have enclosed a self stamped addressed envelope for your convenience. Please feel free to contact me should you have any questions at 770-587-4595.

Sincerely,

Janet Teague

Licensing Specialist

Cornerstone Support, Inc.

www.CornerstoneSupport.com

OF MAR 16 AM 7: 4

TRANSMITTAL LETTER

10:	Registra Division		ction rporations				
SUBJ	ECT:	Empir	e Solutions, Inc	:.			
			(N	ame of corpo	ration - m	ust include suffix)
Dear S	ir or Mac	lam:					
"Certif		ixistenc	e," and check				act Business in Florida," enced foreign corporation to
Please	return all	corres	ondence conc	erning this m	atter to th	e following:	
				Jane	t Teague		
				(Nan	ne of Pers	on)	
		_		Cornerst	one Suppo	rt, Inc.	
		<u> </u>		(Fim	/Сошрал	у)	
				11111 F	Iouze Rd.,	Suite 200	
*****				(,	Address)	<u>-</u>	
				Ros	well, GA	30076	
					ate and Z		
For fur	riher info	rmation	concerning thi	s matter, ple	ase call:		
Ja	net Teagu	e		at (77	0 <u>}</u>	587-4595	
	(Name	of Pers	on)	(A	rea Code	& Daytime Telep	hone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos	ed is a ch	eck for	the following	amount:			
Q \$70	.00 Filinş	g Fee	Certifica	iling Fee & ue of Status		.75 Filing Fee & tifted Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Empire Solu	tions, Inc.		<u>Q</u>		
	reporation; must include "INCORPORA orp," "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORE	PORATION," f transacting business in Florida		
Empire Sc	lutions, Inc. of Georgia	·			
(if name unavaila	ble in Florida, enter alternate corporate	name adopted for the purpose of	f transacting business in Florida		
GA		3. 20-3482056	1. *v.		
(State or country 1	under the law of which it is incorporated	1) (PEI num	iber, if applicable)		
9/16/05		5. Perpetual	Perpetual .		
(Date	of incorporation)	(Duration: Year corp. w	vill cease to exist or "perpetual")		
upon qualifica			· <u>-</u>		
		iness in Florida, if prior to regist 607.1502, F.S., to determine per			
1335 Canton Road, Ste. B1		Marietta	GA 30060		
	(Principal offi	ce address)			
		_			
	(Current mail)	ng nddress)			
	(Current mailin	ng address)			
Dahi Callastia	`	ng address)			
Debt Collection	n .		state of Florida)		
(Purpose(s)	n of corporation authorized in home stat	e or country to be carried out in			
(Purpose(s) Name and stree	n of corporation authorized in home stat i address of Florida registered agent	e or country to be carried out in			
(Purpose(s)	n of corporation authorized in home stat	e or country to be carried out in			
(Purpose(s) Name and stree	n of corporation authorized in home stat i address of Florida registered agent	e or country to be carried out in			
(Purpose(s) Name and stree Name:	n) of corporation authorized in home state t address of Florida registered agent Corporation Service Company	e or country to be carried out in (P.O. Box <u>NOT</u> acceptable			
(Purpose(s) Name and stree Name:	n of corporation authorized in home state address of Florida registered agent Corporation Service Company	e or country to be carried out in) - : · · · · · · · · · · · · · · · · · ·		
(Purpose(s) Name and stree Name: ffice Address:	n of corporation authorized in home state address of Florida registered agent Corporation Service Company 1201 Hays Street Tallahassee (City)	e or country to be carried out in (P.O. Box <u>NOT</u> acceptable , Florida 32301) - : · · · · · · · · · · · · · · · · · ·		
(Purpose(s) Name and stree Name: ffice Address:	n of corporation authorized in home state address of Florida registered agent Corporation Service Company 1201 Hays Street Tallahassee (City)	e or country to be carried out in (P.O. Box NOT acceptable , Florida 32301 (Zip co	ode)		
(Purpose(s) Name and stree Name: Plice Address: Registered agazing been name	n of corporation authorized in home state t address of Florida registered agent Corporation Service Company 1201 Hays Street Tallahassee (City) tent's acceptance: ed as registered agent and to accept	e or country to be carried out in : (P.O. Box <u>NOT</u> acceptable , Florida 32301 (Zip co	de) we stated corporation at the		
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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:

ON SECRETATION OF MAR 16 EM

A. DIRECTORS

Chairman:	<u> </u>
Address:	7:45
- Vice Chai	rman;
Address:	
- Director:	Greg Shelton
Address:	1335 Canton Road, Suite B1
	Marietta, GA 30060
Director:	Caesar Balzotti
Address:	1335 Canton Road, Suite B1
	Marietta, GA 30060
B. OFFI	ICERS
President:	Jack Morris
Address:	1335 Canton Road, Suite B1
	Marietta, GA 30060
Vice Pres	ident:
Aúdress:	<u> </u>
Secretary:	Ben Fink
Address:	1335 Canton Road, Suite B1, Marietta, GA 30060
Treasurer	
Address:	
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) Jack Morris President
14	(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 : 0562137 DATE INC/AUTH/FILED: 09/16/2005 JURISDICTION : GEORGIA PRINT DATE : 02/20/2006

FORM NUMBER : 211

ONTE OF THE STATE OF THE STATE

CORNERSTONE SUPPORT, INC.
JANET TEAGUE
11111 HOUZE ROAD
SUITE 200
ROSWELL, GA 30076

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

EMPIRE SOLUTIONS INC.

is in compliance with the applicable filing and annual redistration 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 of 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, in 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.

20060220194909978



Cathy Cox Secretary of State