

F06000004004

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(Business Entity Name)

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06 JUN -7 PM 2:40  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2006 JUN -7 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CT  
1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960

850 222 1092 tel  
850 222 7615 fax  
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June 7, 2006

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 6658225 SO  
Customer Reference 1: None Given  
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

FBS Capital, Inc. (GA)  
Qualification  
Florida

~~FBS Capital, Inc. (GA)~~  
~~Qualification~~  
~~Florida~~

*please file 1st  
thanks!*

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

*[Signature]*

**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.*

1. FBS Capital, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 20-4159191  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/17/2006 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6485 Shiloh Road, Building B, Unit 100, Alpharetta, GA 30005  
(Principal office address)  
6485 Shiloh Road, Building B, Unit 100, Alpharetta, GA 30005  
(Current mailing address)

8. Mortgage Broker  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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

By: Rachel T. Hayes  
(Registered agent's signature)

**RACHEL T. HAYES  
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:

**FILED**  
**2006 JUN -7 PM 2:16**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Jeffrey Fee

Address: 6485 Shiloh Road, Building B, Unit 100, Alpharetta, GA 30005

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

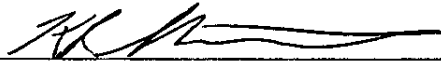
Secretary: Kostantinos R. Skouras

Address: 6485 Shiloh Road, Building B, Unit 100, Alpharetta, GA 30005

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)

14. Kostantinos R. Skouras, Secretary  
(Typed or printed name and capacity of person signing application)

FILED  
2008 JUN -7 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Control No. 0603181

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

2006 JUN -7 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

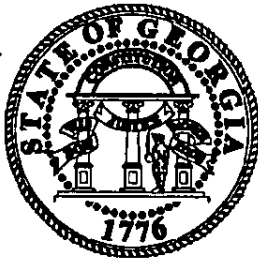
### FBS CAPITAL, INC.

#### Domestic Profit Corporation

was formed or was authorized to transact business on 01/17/2006 in Georgia. 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 above-named 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 7th day of June, 2006

Cathy Cox  
Secretary of State