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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. SHAELS WOA 0.55 JUL

#### **COVER LETTER**

TO: New Filing Section Division of Corporations
T / Taranta
SUBJECT: /- CONCEPTS, ZNC.  (Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
PAUL D. WITHERBY
(Name of Person)
T-CONCEPTS. INC.
(Firm/Company)
7-Concerts Inc.  (Firm/Company)  2135 Defoor Hills Rel, Suite M  (Address)  ATLANTA, GA. 30318  (City/State and Zip code)  APRE DEFORMATION OF THE CONTROLL OF
(Address)
ATCANTA, GA. 30318 P.S. S.
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (404) 409-1300 EF E
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section Division of Corporations Division of Corporations
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy

## 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-CONCEPTS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. GEORGIA 3. 58-2645736  (State or country under the law of which it is incorporated)  (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. OB/zooj 5. W/A - Penper une (Duration: Year corp. will cease to exist or "perpetual")
6. OI / OI / ZOO7  (Date first transacted business in Florida, if prior to registration)
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502; F.S., to determine penalty hability)
7. 2135 De Foor 14:11s Rd. SUITE M" ATLANTA, CA. 30318 (Principal office address)
(Principal office address)
[Current mailing address)
(Current mailing address)
ALLI SES
8. TWTERION DESIGN & Product SAIES SE (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
8. Thereio Design & Product Sales Services (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: PAUL D. WITHERSY  Office Address: 31 S.E. 5 TH ST. #1107.
Name: The first three transfers of three transfers of the first three transfers of three
Office Address: 31 S.E. 5 TH ST. #1107.
$\frac{m_1 a_{mi}}{FL}$ , Florida $\frac{33131}{(Zip code)}$
(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 dutie and I am familiar with and accept the obligations of my position as registered agent.
and I am juminur with and accept the congunions of my position as registered agent.

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: Director: \_\_ Address: \_\_\_ Director: Address: \_ **B. OFFICERS** President: MICHELLE HALLAGAN Address: 5025 MAGNOCIA WALK Ruswell GA. 30075 Vice President: PML WITHERBY 30309 Secretary: PAUL WITHERBY ABOVE PAL WITHERBY Treasurer: ADONE Address: 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) 13. PAC D. WITHERSY - Vice President (Typed or printed name and capacity of person signing application)

Control No. 0139173

# STATE OF GEORGIA

## Secretary of State

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

# 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

#### T-CONCEPTS, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 08/28/2001 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 25th day of October, 2006

Cathy Cox Secretary of State

Certification Number: 357130-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp