

To: FI Dept of State
Subject: 01448.59900

From: Tracy Spear

Wednesday, November 08, 2006 12:37 PM Page: 1 of 5

F06000006999

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-6381

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

001448.59900

FOREIGN PROFIT/NONPROFIT CORPORATION

JMI, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To: FI Dept of State
Subject: 01448.59900

From: Tracy Spear

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November 8, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPDIRECT AGENTS, INC.

SUBJECT: JMI CONTRACTING, INC.
REF: W06000049037

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Dale White
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FAX Aud. #: E06000269816
Letter Number: 606A00065861

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

P.O. BOX 6327 - Tallahassee, Florida 32314

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**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. JMI, Inc.

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

JMI Contracting, Inc.

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

2. Tennessee

(State or country under the law of which it is incorporated)

3. 20-4401799

(FEI number, if applicable)

4. 03/28/2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Registration

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

7. 9050 Executive Park Drive, Suite 105-A, Knoxville, TN 37923

(Principal office address)

9050 Executive Park Drive, Suite 105-A, Knoxville, TN 37923

(Current mailing address)

8. Contracting 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: NRAI Services, Inc.

Office Address: 2731 Executive Park Dr., Ste 4

Weston

(City)

Florida 33331

(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.

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AM 10:32

A. DIRECTORS

Address: 9050 Executive Park Drive, Suite 105-A
Knoxville, TN 37923

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Address: 9050 Executive Park Drive, Suite 105-A
Knoxville, TN 37923

Address: 9050 Executive Park Dr Suite 105-A
Knoxville, TN 37923

Address: 9050 Executive Park Dr Suite 105-A

Address: 9050 Executive Park Dr Suite 105-A

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. John Martichuski, President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 11/03/2006H06000269816 3
REQUEST NUMBER: 06307189
TELEPHONE CONTACT: (615) 741-6488
CHARTER/QUALIFICATION DATE: 03/09/2006
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0515403
JURISDICTION: TENNESSEE

TO:
CFS
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221

REQUESTED BY:
CFS
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"JMI, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE:
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 11/03/06

FROM:
CAPITAL FILING SERVICE (CFS)
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221-0000

RECEIVED: FEES \$0.00
 \$100.00 \$0.00
TOTAL PAYMENT RECEIVED: \$100.00
RECEIPT NUMBER: 00004046879
ACCOUNT NUMBER: 00101230



55-4452

Riley C Darnell
RILEY C. DARNELL
H06000269816 3
SECRETARY OF STATE