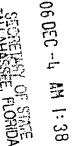
# F06000007474

F	
(Re	equestor's Name)
4	
(Ad	ldress)
·	,
//	ldress)
(Au	luicss)
(Cit	ty/State/Zip/Phone #)
_	
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(	<u> </u>
(Do	ocument Number)
Certified Copies	Certificates of Status
Consist Instructions to	Filing Officer:
Special Instructions to	riling Officer.
NO COP)	
100	
	Office Use Only



400082006814

12/04/06--01027--024 \*\*78.75



co 10 11 06

### **COVER LETTER**

FILED

06 DEC -4 AM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIS

**TO:** New Filing Section Division of Corporations

Divis	ion or c	orporations		/ L.(
SUBJECT:	Capt	ure Integration, Inc		
		(Name of corpo	oration - must include suffix	)
Dear Sir or M	ladam:			
	f Exister	ation by Foreign Corporation ce," and check are submitted orida.		
Please return	all corre	spondence concerning this m	natter to the following:	
Joseph V	V. Se	graves		
		(Nar	ne of Person)	
Segraves	s Law	Firm		
		(Firr	n/Company)	
4290 Bell	ls Fer	ry Rd., Suite 106 Pl	MB 32	
* /		(	Address)	
Kennesa	w, GA	30144		
· · · · · · · · · · · · · · · · · · ·		(City/S	tate and Zip code)	·
	•			
For further inf	formatio	n concerning this matter, ple	ase call:	
Joseph W	√. Seg	raves at ( 77	70 , 924-7508	
	ne of Per	at \	rea Code & Daytime Telepl	hone Number)
New I Divisi Clifto 2661	Filing Se ion of Co on Buildi Executiv	orporations	MAILING A New Filing S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27
Enclosed is a	check fo	r the following amount:		
\$70.00 Filin	ng Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

				>93 €
	•		TATUTES, THE FOLLOWING IS SUBMIT BUSINESS IN THE STATE OF FLORIDA.	TE TO
	ntegration, Inc.	,,,,	OSINDOS IN THE STATE OF TEORIDA.	ASSET
(Enter name of c	corporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	OF STATE FLORIDA
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business	in Florida)
<sub>2</sub> State of G	-	3	and parkers of management of	
-·	under the law of which it is incorporated)	٠.	(FEI number, if applicable)	
4. December	r 8, 2000	5.	Perpetual	
· · · · · · · · · · · · · · · · · · ·	of incorporation)	٠,	(Duration: Year corp. will cease to exist or "p	perpetual")
<sub>6.</sub> November	r 1, 2006		•	
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
<sub>2</sub> 330 Peters	s Street, Suite 102, Atlanta		• • •	
/	(Principal office			
330 Peters	s Street, Suite 102, Atlanta	۱, (	SA 30313	
	(Current mailing	add	ress)	<del></del>
8. Sale of go	ods at retail and wholesale	е		
(Purpose(s	s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: (	(P.C	). Box NOT acceptable)	
Name:	Brian Beckham			
Office Address:	7227 57th Avenue North			
	St. Petersburg	· · ·	, Florida 33709	
	(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.

(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.

12. Names and business addresses of officers and/or directors:

FILED

A. DIRECTORS	06 DEC -4 AM 1:38
Chairman: David W. Gallagher (Sole Director)	
Address: 5109 Staplehurst Lane	SEGRETATY OF STATE TALLAHASSEE, FLORIDA
Woodstock, GA 30189	
Vice Chairman: N/a	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS  President: David W. Gallagher	
Address: 5109 Staplehurst Lane	
Woodstock, GA 30189	
Vice President: N/a	
Address:	
Secretary: David W. Gallagher	
Address: 5109 Staplehurst Lane, Woodstock, GA 30189	
Treasurer: David W. Gallagher	
Address: 5109 Staplehurst Lane, Woodstock, GA 30189	
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
13. Signature of Director or Officer listed in number 12 of the application	n)
David W. Gallagher, President	
(Typed or printed name and capacity of person signing application)	

## 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

## CAPTURE INTEGRATION, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 12/08/2000 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 29th day of November, 2006

Cathy Cox Secretary of State

Certification Number: 414139-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp