F070808000266

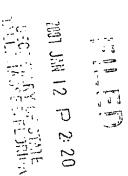
(Req	_l uestor's Name)				
(Add	iress)				
(Add	Iress)	· · · · · · · · · · · · · · · · · · ·			
(City	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
		,			

Office Use Only



800083811808

01/12/07--01044--003 **87.50



1:12-0-1

COVER LETTER

COVER LETTER	٠
7.50 m	^
TO: New Filing Section Division of Corporations	~ ?: .
Division of Corporations	·
SUBJECT: Martin Richmire & Co.	3//s
(Name of corporation - must include suffix)	• 1
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 transact business in Florida.	•
Please return all correspondence concerning this matter to the following:	
Name of Person)	
(Name of Person)	
Bair : Commings LLP (Firm/Company)	
(Firm Company)	
1091 Founders Boulevard, Suite B (Address) Athens, Georgia 30606 (City/State and Zip code)	
(Address)	
Albana Gara's 30101	
(City/Pata and 7 in and a)	
(City/State and Zip code)	
For further information concerning this matter, please call:	
Todd R. Bair (Name of Person) at (104) 548-5000 ext. 224 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building MAILING ADDRESS: New Filing Section 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 \$78.75 Filing Fee \$\$ Certificate of Status \$60.00 Certificate of Status \$10.00 Certificate of Status	Status &

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.

(Enter name of con "Inc.," "Co.," "Con	rporation; must include rp," "Inc," "Co," or "Co	"INCORPORATED)," "CC	OMPANY," "CORPOR	ATION,"		
(If name unavailab	ble in Florida, enter alte	rnate corporate name	e adopte	ed for the purpose of tra	nsacting bus	iness in Florida)	
2. Georgia		3		20-814810	5		
(State or country u	inder the law of which it	is incorporated)		(FEI number,		:)	
4. 0\ 	3/2007	5					
(Date o	of incorporation)		(Dur	ration: Year corp. will o	ease to exist	or "perpetual")	
6 No	ne						
·	(Date first			da, if prior to registration			
	(SEE SECTION	IS 607.1501 & 607.1	1502, F.	S., to determine penalty	/ liability)		
7. 1061 Bar	xter Court	Statham, (Principal office ad	GA	30666			•
		•					
4.0. Box	1139, NOJK			30677			
		(Current mailing ad	ldress)				
Thein	00 1						
8. Linsuran (Purpose(s)	of corporation authorize	ed in home state or	country	to be carried out in state	e of Florida)	ann j annead	
	•		_		,	三三	
9. Name and street	address of Florida reg	gistered agent: (P.	O. Box	NOT acceptable)			÷
Name:	CT Corporati	ion System	1			A STATE OF THE STA	,
Office Address:	1200 South 7	Pine Island	Road	4			n inc
	Plantation			, Florida <u>333كىل</u>		E 2 19	
	(C	City)		(Zip code)		20	
	ent'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)

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	of officers and/or directors	•	Fill
A. DIRECTORS		200.	
Chairman: Gregory T. N	Martin		11/2
Address: P.O. Box 11		7:1150:37	W 12 P 2:20
Watkinsville	GA 30677		SES, FI SAIL
Vice Chairman:			-791.2
Address:			
			
Director:	 		
Address:			
Director:			
Address:			
			•
B. OFFICERS			•
President: Gregory T. Ma	artin		
Address: P.D. Box 113			
	CA 30677		
Vice President:	•		
Address:			
Secretary:	•		-
Address:			
Treasurer:		•	
Address:			
NOTE: If necessary, you may attac	ch an addendum to the app	lication listing additional of	ficers and/or directors.
13. (Signature of	Window or God 1 in a 1	in number 12 of the analysis	ion)
1	w. T. Martin.	in number 12 of the applicat	1011)
(Typed of p	printed name and capacity	of person signing application	n)

Control No. 07000775

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

MARTIN RICHMIRE & CO.

Domestic Profit Corporation

was formed or was authorized to transact business on 01/03/2007 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 8th day of January, 2007

Cathy Cox Secretary of State

Certification Number: 475161-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp