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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
The date value
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SECRETARY OF STATE.

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COVER LETTER

Division of Corporations	
SUBJECT: MIKE WILSON, INC	
(Name of corporation	- must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," and check are submitted to reg transact business in Florida.	
Please return all correspondence concerning this matter to	o the following:
Mike Wilson (Name of F) Mike Wilson, Inc (Firm/Com	
(Name of F	Person)
Mile Wilson Inc	
Mike Wilson, Inc. (Firm/Com	pany)
P.O. Box 1150	
(Addre Pensa cola 1 - 1 - 3259 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ss) in the transition of the same in the s
(City/State and City/State and City/	nd Zip code)
For further information concerning this matter, please cal	II:
Mike Wilson at (770 (Area Co	601-6400
(Name of Person) (Area Co	ode & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\ \tag{\text{S78.75 Filing Fee & Certificate of Status}}	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy



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FLORIDA DEPARTMENT OF STATE Division of C

Division of Corporations

REPARKET OF STATE DIVISION OF CORPORATIONS TALL AHASSEE, FLORIDA

January 10, 2007

MIKE WILSON P O BOX 1150 PENSACOLA, FL 32591

SUBJECT: MILE WILSON, INC. CROSS REF: PANHANDLE RESTAURANT

SERVICES INC.

Ref. Number: W06000053694

We have received your document for MILE WILSON, INC. CROSS REF: PANHANDLE RESTAURANT SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please call before you resumit this filing. We do not need the certificate of incorporation. We need a certificate of existence or a certificate of status from Georgia.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

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Tammy Hampton **Document Specialist**

Letter Number: 507A00002180



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07 JAN 10 AM 10: 45

January 2, 2007

MIKE WILSON P O BOX 1150 PENSACOLA, FL 32591

SUBJECT: MILEWILSON, INC.

SERVICES INC.

Ref. Number: W06000053694

Cross Ref: PANHANDLE RESTAURANT

We have received your document for MILE WILSON, INC.

Cross Ref:
PANHANDLE RESTAURANT SERVICES INC. and your check(s) totaling
\$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Document Specialist

Letter Number: 507A00000074

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FLORIDA DEPARTMENT OF STATE Division of Corporations

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06 DEC 28 AM 7: 56

STATE STATE STATE STATE STATE STATE STATE OF OCTORATIONS TALL AND SSEEL FLORID.

December 13, 2006

MIKE WILSON P O BOX 1150 PENSACOLA, FL 32591

SUBJECT: MILE WILSON, INC. Ref. Number: W06000053694

We have received your document for MILE WILSON, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:
Registered Agent
Designation
Certified Copy
Certificate of Status



The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L06000009353 (MIKE WILSON, LLC).

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Document Specialist

Letter Number: 506A00070968

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

PANHANCIE ZESTANZANT SEZUCES INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia
(State or country funder the law of which it is incorporated)

4. 9-13-200(

(Date of incorporation)

(Date of incorporation)

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

7. P.O. Box 115D Penacola A 3259 (1707 9 Spormant (Principal office address)

Current mailing address)

8. Commercial Chargeration

(Current mailing address)

8. Commercial refrigeration
(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: Nike Wilson

Office Address: 1707 N-Spnig

Pensacola, Florida 33501

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: A. DIRECTORS Chairman: Mike Wilson Vice Chairman: _____ Address: Address: Director: **B. OFFICERS** President: MIKE WILSON Fi 32501 Vice President: Address: Secretary: Address: Treasurer: Address: ____ NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. 13. _____ (Signature of Director of Officer listed in number 12 of the application)

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

Control No. 0681357

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, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

MIKE WILSON, INC

Domestic Profit Corporation

was formed or was authorized to transact business on 09/13/2006 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 25th day of January, 2007

Karen C Handel Secretary of State

Haun CHandel

Certification Number: 547290-1 Reference: Verify this certificate online at http://ccrp.sos.state.ga.us/corp/soskb/verify.asp