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SECRETARY OF STATE

ATTACKSEE ELORIN

D. WHITE MAR 15 2007

## **COVER LETTER**

Division of Corporations				
SUBJECT: Johnson Partners, Inc.				
(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:				
Chris Killmeyer				
(Name of Person)				
API Processing				
(Firm/Company)				
3419 Galt Ocean Drive, Suite A				
(Address)				
Fort Lauderdale, FL 33308				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Chris Killmeyer <sub>at (</sub> 954 <sub>)</sub> 567-0013				
(Name of Person) (Area Code & 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 \$\sum \text{\$78.75 Filing Fee & } \text{\$78.75 Filing Fee & } \text{\$87.50 Filing Fee,} \\ \text{Certificate of Status} \text{Certified Copy} \text{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.	Johnson Partners, Inc.			
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"			
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)			
2.	Georgia 3, 20-3939288			
(State or country under the law of which it is incorporated) (FEI number, if applicable)				
4.	12/19/2005 <sub>5.</sub> Perpetual			
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")			
6.	Upon licensure			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
7. 549 Ocean Blvd., St. Simons Island, GA 31522				
(Principal office address)				
549 Ocean Blvd., St. Simons Island, GA 31522				
(Current mailing address)				
8. General contracting				
(Purposé(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: Jerry Boyett			
Office Address: ~ 95004 Laby Fish Lone				
	V Fernandina Beach, Florida 32034 (City) (Zip code)			
H de fu	). Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither 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.			

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 baving custody of corporate records in the jurisdiction under the law of which it is incorporated.

Registered agent's signature)

12. Names and business addresses of officers and/or directors:	FILED	
A. DIRECTORS	07 MAR 15 PM 3: 27	
Chairman:	SECRETARY OF STATE	
Address:	IALLAHASSEE, FLORIDA	
Vice Chairman:		
Address:		
Director:		
Address:		
Director:	,	
Address:		
B. OFFICERS  President: Jamie W. Johnson		
Address: 549 Ocean Blvd., St. Simons Island, GA 31522		
C.F.O. Jerry Boyett		
Address: 549 Ocean Blvd., St. Simons Island, GA 31522		
Secretary;		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addengum to the application listing addit	ional officers and/or directors.	
(Signature of Director or Officer listed in number 12 of the	application)	
14. Jamie W. Johnson - President	nlination	
(Typed or printed name and capacity of person signing ap	prication)	

Control No. 0600254

## STATE OF GEORGIA

Secretary of State

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

# CERTIFICATE OF EXISTENCE

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SECRETARY OF STATE
FALLANASSEE, FLORIDA

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

### JOHNSON PARTNERS, INC.

### **Domestic Profit Corporation**

was formed or was authorized to transact business on 12/19/2005 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 28th day of February, 2007

> Karen C Handel Secretary of State

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Certification Number: 845531-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp