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To:

Division of Corporations

Fax Number : $(850)205\pm0381$

From:

: TRIAD PROFESSIONAL SERVICES, LLC Account Name

Account Number : I20020000094 : (770)777-2091 Phone

Fax Number : (770)220-1943

FOREIGN PROFIT/NONPROFIT CORPORATION

AFR & Associates, Inc.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

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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. AFR & Assoc	<u> </u>		·		
(Enter name of "Inc" "Co.," "C	corporation; must include "INCORPORAT Corp." "Inc," "Co," or "Corp.")	ED	," "COMPANY," "CORPORATION,"		
N/A					
(If name unavai	lable in Florida, enter alternate corporate na	פרתו	adopted for the purpose of transacting but	siness in Florida)	
2. Georgia		3.	58-224703		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable	(e)	
4. 6-18-96		5.	Perpetual		
(Dat	e of incorporation)		(Duration: Year corp. will cease to exist	t or "perpetual")	
6. None					
•			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	ZEC SEC SEC	·
7. 14130 Popcorn	Tree Court, Orlando, FL 32828			全部 套	i i
,	(Principal office	add	ress) .	75 P. 2	(Control of
34 Peachtree S	Street, Atlanta, Ga 30303			13.5 14.5 15.5 15.5 15.5 15.5 15.5 15.5 15	M
	(Current mailing	add	1645)	- ₇ = 0	
8. Project Manag	gement / Consulting Services	•	·	STATE I	
(Purpose(s) of corporation authorized in home state of	rce	ountry to be carried out in state of Florida)	5. 0	
9. Name and stre	et address of Florida registered agent: (Ρ.0	D. Box NOT acceptable)		
Name:	NRAI Services, Inc.				
Office Address:	2731 Executive Perk Dr., Ste 4				
	Weston		, Florida 33331		
	(City)		(Zip code)		
Having been nam designated in this further agree to c and I am familian	gent's acceptance: ned as registered agent and to accept so application, I hereby accept the appoint comply with the provisions of all statute to with and accept the obligations of my	nth es r	nent as registered agent and agree to c elative to the proper and complete per	act in this capacit	ty. I
1	NRAI Services, Inc.				

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.

Jennifer Malik, Asst. Sec.

(Registered agent's signature)

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

A. DERI	ECTORS
Chairman	None
Vice Cha	None
Address:	
Director:	
Muuleys,	
Director:	
	·
B. OFF	1
Address:	44420 December Trans Court
Address:	Orlando El 32828
Vice Pres	ident:
Address:	<u> </u>
Secretary	
Address:	
Treasurer	
Address:	
	. 0. 0
NOTE:	If personal, you may attactor and addendum to the application listing additional officers and/or directors.
13	(Signature of Director or Officer listed in number 12 of the application)
	regulature of Director of Othice reside in number 12 of the approach only
14	(Typed or printed name and capacity of person signing application)

Delaware

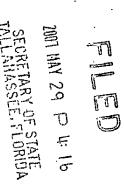
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AFR & ASSOCIATES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MAY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AFR & ASSOCIATES, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JUNE, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2634603 8300 070614295



Variet Smila Windson

Harriet Smith Windsor, Secretary of Stat

AUTHENTICATION: 5703320

DATE: 05-24-07