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SECRETARY OF STATE ALLAHASSEE, FLORIDA

CJ. 8-22

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: MYRTLE BEACH	1 "WELGME" CORPORATION
(Name of corpor	ration - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atter to the following:
COLIA	BARKER
	e of Person)
MYRTLE BO	ACH WELCOME INC
(Firm	(Company)
8206 TIMBE	R RIDGE ROAD
(A	Address)
CONWAY, S	Sc, 29526
	ate and Zip code)
For further information concerning this matter, please	se call:
COLIN BARKER at (84	.3 \ 333 132 <i>5</i>
(Name of Person) (Ar	ea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2801 CLUB CORTLE CIRCLE, KIGGIMMEE, FL 347446 (Principal office address) (Principal office address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (Principal office Address: 1060 EDEAS CAPTE (DOZT (City) (City) (City) (Zip code) (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 with the provisions of all statutes relative to the proper and complete performance of my day and I am familiar with and accept the difficultions of my position as registered agent. (Registered agent's signature)	1. MYRTLE BEACH WELCOME CURPO	RATION
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (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) (Principal office address) (Principal office address) (Current mailing address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: (City) (City) (City) (City) (Registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity under agree to comply with the provisions of all statutes relative to the proper and complete performance of my distinct of the provisions of my position as registered agent. (Registered agent's signature)	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORAT "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	rion,"
(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) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (City) (City) (City) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address) (Current mailing address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized agent: (P.O. Box NOT acceptable) (City) ((If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transa	acting business in Florida)
(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) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (City) (City) (City) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address) (Current mailing address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized agent: (P.O. Box NOT acceptable) (City) (2. SOUTH CAROLINA 3. 57-09737	221
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2801 CLUB CORTILE CIRCLE, K1661MMEE, FL 347446 (Principal office address) 8206 TIMBER RIDGE ROAD CONWAY, SC 29526 (Current mailing address) COMMUNITY ASSOCIATION MANAGEMBUT SERVICES (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: DEFYLHILL Office Address: 1060 EDENS CAPTE (BURT (City) (City) (City) Registered agent's acceptance: 12 (P.O. Box NOT acceptable) OR Registered agent and to accept service of process for the above stated corporation at the place to comply with the provisions of all statutes relative to the proper and complete performance of my during the main and accept the abligations of my position as registered agent. (Registered agent's signature)	(State or country under the law of which it is incorporated) (FEI number, if	applicable)
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(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: December Corporation Corporatio	8206 TIMBER RIDGE ROAD CONWAY, SC 29526	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 1. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: HAVE LARE LARE LARE LARE LARE LARE LARE LAR	(Current mailing address)	
Name: DEPLY HILL CORT CORT (City) Office Address: 1060 EDENS CATE (OURT (Zip code)) Negistered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity wither agree to comply with the provisions of all statutes relative to the proper and complete performance of my during I am familiar with and accept the abligations of my position as registered agent. (Registered agent's signature)	8. COMMUNITY ASSOCIATION MANAGEMENT (Purpose(s) of corporation authorized in home state or country to be carried out in state of	SERVICES Felorida
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O. Registered agent's acceptance: Javing 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 further agree to comply with the provisions of all statutes relative to the proper and complete performance of my due and I am familiar with and accept the abligations of my position as registered agent. (Registered agent's signature)	Office Address: 1060 EDENS CATE COURT	[14] →<
O. 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 further agree to comply with the provisions of all statutes relative to the proper and complete performance of my during I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)	Name: DREYL HILL Office Address: 1060 EDENS CATE COURT	[14] →<
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Surther agree to comply with the provisions of all statutes relative to the proper and complete performance of my during I am familiar with and accept the abligations of my position as registered agent. (Registered agent's signature)	Name: DREYL HILL Office Address: 1060 EDENS CATE COURT	PM 1: YCSSTA EE.FLOR
urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my dund I am familiar with and accept the abligations of my position as registered agent. (Registered agent's signature)	Name: DAZYL HILL Office Address: 1060 EDENS GATE (OUZT LONGWOOD , Florida 32750 (City) (Zip code) 0. Registered agent's acceptance:	PM 1:50 YCS STATE EE,FLORIDA
(Registered agent's signature)	Name: DREYLHILL Office Address: 1060 EDENS GATE (OURT LONGWOOD , Florida 32750 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above sta	PH 1: 50 EE, FLORIDA at the planted corporation at the planted
	Name: DONG EDENS GATE (DORT LONGWOD , Florida 32750 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above statesignated in this application, I hereby accept the appointment as registered agent and a further agree to comply with the provisions of all statutes relative to the proper and comp	EE, FLORIDA ated corporation at the playeree to act in this capacit
	Name: DEPLYL HILL Office Address: 1060 EDENS GATE (OURT LONGWOOD, Florida 22750 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above statesignated in this application, I hereby accept the appointment as registered agent and a	EE, FLORIDA ated corporation at the playeree to act in this capacit
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	Name: DREYL HILL Office Address: 1060 EDENS GATE (OURT LONGWOD , Florida 32750 (City) (Zip code) O. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above states in this application, I hereby accept the appointment as registered agent and a curther agree to comply with the provisions of all statutes relative to the proper and comp	EE, FLORIDA ated corporation at the playeree to act in this capacit
1. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application	Name: 1060 EDENS GATE (DURT LONGWOD , Florida 22750 (City) (Zip code) O. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above states in this application, I hereby accept the appointment as registered agent and a curther agree to comply with the provisions of all statutes relative to the proper and compand I am familiar with and accept the abligations of my position as registered agent.	EE, FLORIDA ated corporation at the playeree to act in this capacit

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	Proce A J Street
A. DIRECTORS	FILED
Chairman:	2007 AUG 21 PM 1: 50
Address:	TALLAHASSEE, FLORIDA
	A THASSEE, FLORIDA
Vice Chairman:	
Address:	
Director:	
Address:	
	· · · · · · · · · · · · · · · · · · ·
Director:	
Address:	
	· · · · · · · · · · · · · · · · · · ·
B. OFFICERS	
President: COLIN BARKER	<u> </u>
Address: <u>8206 TIMBER RIDGE ROAD, CONWAY</u>	SC 29526

Vice President: LINDA BARKER	
Address: 8206 TIMBER RIDGE ROAD, CONWA	ty SC 29526
Secretary: COLIN BARKER	
Address: 9206 TIMBER RIDGE ROAD CONH	1A4, SC 29526
Treasurer: LINDA BARKER	
Address: 8206 TIMBER RINGE ROAD COWN	Ay SC 29526
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors
	or directors.
(Signature of Director or Officer listed in number 12 of the applied	cation)
14. COLIN BARKER 7	resident, Sec
(Typed or printed name and capacity of person signing application)	tion)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

MYRTLE BEACH "WELCOME" CORPORATION.

a corporation duly organized under the laws of the State of South Carolina on November 3rd, 1992, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 6th day of August, 2007.

Mark Unmond Sacretory of State