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☐ PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	<del>;</del> )
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Supply Works, Inc. (Name of corporation - must include suffix)		
(Name of corporation -	must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Autl "Certificate of Existence," and check are submitted to regis transact business in Florida.		
Please return all correspondence concerning this matter to the	he following:	
Michael Foxworthy		
(Name of Person)		
Supply Works, Inc.		
(Firm/Compa	ny)	
Michael Foxworthy (Name of Person)  Supply Works, Inc.  (Firm/Company)  P. D. Box 953525  (Address)  Lake Mary, FZ 32795 (City/State and Zip code)		
(Address)		
Lake Mary , FL 32795	-	
(City/State and 2	Zip code)	
For further information concerning this matter, please call:		
Michael Foxwarthy at (407)	242-1861	
Mrchael Foxworthy at (407) 242-1861 (Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section	
Division of Corporations 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:		
	.75 Filing Fee & S87.50 Filing Fee, rtified Copy Certificate of Status & Certified Copy	

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
1 Sucalularies Turi	
1. Supply Works, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATIONE")	
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	7
Market D. C. Committee and C. C. Committee and C.	ン
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. Georgio (State or country under the law of which it is incorporated)  3. O/-0667283 (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. April 22, 2002 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")	
6. NA	
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 2762 Teak Place Lake Mary, FL 32746 (Principal office address)	
P. O. Box 953575 Lake Mary, FL. 32>95-3575 (Current mailing address)	
8. Provide Louis montaneace services 4 ebay rates (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: Michael L. Foxworthy  Office Address: 2362 Tzake Place	
Office Address: 2762 Trake Place	
Lake Mary , Florida 32746 (City) (Zip code)	
(City), Florida 32746	
(Exp code)	
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation at the p	lace
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capac further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	
and I am familiar with and accept the obligations of my position as registered agent.	WHISE.
$V \cap C = C$	
Kelievel LOOKvolle	
(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	-II EN
Chairman:	FILED
Address:	7007 OCT -5 P 4: 33
	LOUT GOT TABY OF STATE
Vice Chairman:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Address:	
Director: Michael L. Foxworthy	
Address: 2762 Feak Place	
Lake Mary, FT 32746	
Director:	
Address:	
B. OFFICERS	
President: Michael L. Foxworthy	
Address: 2262 Teak Place	·
Lake Many FL 32746	
Vice President:	
Address:	
Secretary: <u>Annie S. Foxworthy</u>	
Address: 2762 Teak Place, Lake Mary, FC, 32746	
Treasurer: Micheel L. Foxworthy	
Address: 1)62 Teak Place, Lake Mary, FL 31246	
NOTE: If necessary, you may attach an addendum to the application listing additional officers	s and/or directors.
13. Jehrel Loncester	
(Signature of Director or Officer listed in number 12 of the application)	
14. Michael L. Foxworthy, President & Director (Typed or printed name and capacity of person signing application)	
(-) + house must enter achieved or beton pigning application)	

Control No. 0222034

## STATE OF GEORGIAFILED

Secretary of State

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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# 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

### SUPPLYWORKS, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 04/22/2002 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 2nd day of October, 2007

Karen C Handel Secretary of State

Faun CHandel

Certification Number: 1666322-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp