# F08 00000740

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
•	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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<u>.</u>	
NO MONEU	
Office Use Only	



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February 5, 2008

ANGIE ZIMMERMAN 4375 RIVER GREEN PKWY SUITE 200 DULUTH, GA 30096

SUBJECT: POSSIBLENOW, INC. Ref. Number: W08000006177

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

Your document will be retained in our pending file.

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

Filing Fees	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

Please return the corrected original and one copy of 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) 245-6955.

Suzanne Hawkes Regulatory Specialist II New Filing Section

Letter Number: 108A00007608

## **COVER LETTER**

TO: New Filing Section Division of Corporations		
Parili Man T		
SUBJECT: /OSSIDIC/VUUn C. (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:		
Angie Zimmerman		
Angie Zimmerman (Name of Person)  PossibleNOW		
(Firm/Company)		
4375 River Green PKWY Suite 200		
4375 River Green Pkwy Suite 200 Duluth, GA 30096		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Argie Zimmerman at (770) 255-1233 (Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother 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 \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy		

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

(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)  (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)
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable) (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)
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if applicable)  (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)
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable) (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)
(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)
(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)
(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)
(Date of incorporation)  (Duration! Year corp. will cease to exist or "perpetual")  (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)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  Marchy / 2008  (Principal office address)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  March, 2008  (Principal office address)
March, 2008 (Principal office address)
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· · · · · · · · · · · · · · · · · · ·
1375 River Green Parkway Suite 200 Duloth, 6A 30096
(Current mailing address)
Salac Lunges
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
SE C
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: John D. Housley
fice Address: 3603 A1+ 19, Suite A
Palm Harbor, Florida 34683
$\frac{12(1) + 12(1)}{(City)}, Florida \underbrace{5 + 2 + 3}{(Zip code)}$

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.

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:	· ·
Address:	· · · · · · · · · · · · · · · · · · ·
Via- Chairman	2 A
Vice Chairman:	75 7
Address:	THE TO SERVICE OF THE PARTY OF
Director:	
Address:	
Divortor	
Director:	
Address:	
Con - Pich I A	y Svik 200 Duloth, 61 30091. Stauffer Kwy Suik 200 Duloth, 61 30091.
Secretary: 1CTO - Ralph C. 1	
Address: 4375 RIVEL GARDEN, PK	WU Suite 200 Duloth GA 30096
Treasurer: - Richard A. St	wy. Svik 200, Duloth, 61 30096 auffer
Address: 4375 River Green PKWI	1, Svik 200, Duloth, GA 30096
NOTE: If necessary, you may attach an addendum to the	
(Signature of Director or Officer list	ed in number 12 of the application)
14 <i>COO</i>	
(Typed or printed name and capac	ity of person signing application)

## 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

### POSSIBLENOW, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 06/05/2000 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 January, 2008

Karen C Handel Secretary of State

Laven Chandel

Certification Number: 2015342-1 Reference:

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