

### Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone : (770)777<del>-</del>2091

Fax Number : (770)220-1943

## FOREIGN PROFIT/NONPROFIT CORPORATION

SK USA, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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**L Burch** MAR 27 2008

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March 24, 2008

## FLORIDA DEPARTMENT OF STATE Division of Corporations

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SUBJECT: SK USA, INC. REF: W08000015030

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Name conflict with P05000051782, SK USA, INC

The name of your comporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6933.

Dale White Regulatory Specialist II New Filing Section FAX Aud. #: H08000073011 Letter Number: 208A00017312

P.O BOX 6327 - Tallahassee, Florida 32314

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

REGISTER A FO 1. SK USA, Inc	PREIGN CORPORATION TO TRANSACT . c.	<b>元</b> 秦
(Enter name of	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"
	Georgia), Inc.	क्रिक्ट क
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Fiores :
2. Georgia	3,	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
4. January 6, 20	06 5.	Perpetual
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualific	ation	
	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
7, 1230 Peachtre	e Street, Suite 3100, Atlanta, Georgia 303	09
	(Principal office add	iress)
1230 Peachtre	ee Street, Suite 3100, Atlanta, Georgia 303	09
	(Current mailing add	iress)
8. Prod	withou and sales of (s) of corporation authorized in home state or co	Desarried out in state of Florida)
9. Name and stre	ect address of Florida registered agent: (P.C	D. Box NOT acceptable)
Name:	NRAI Services, Inc.	<del></del>
Office Address:	2731 Executive Park Dr., Ste 4	·
	Weston	, Florida <u>33331</u>
	(City)	(Zip code)
Having been nar designated in thi further agree to	is application, I hereby accept the appoints	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties, osition as registered agent.
	NRAI Services, Inc.	

il. 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.

(Registered agent's signature)

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

No. In contract to the contrac	
Chairman:	
ddress:	
ce Chairman;	表 <b>表</b>
Idress:	26 (1) 26
	THE RES
rector: Bjoern Hensen	Sa 5
1220 Borolston Street Suita 2400 Atlanta Copyria 20200	25 A
Idress: 1230 Feachines Silest, Suite 3 100, Allanta, Georgia 30308	
yector;	
dress:	
OFFICERS	
sident: Bjoem Hansen	
esident: 1230 Peachtree Street, Suite 3100, Atlanta, Georgia 30309	
dress:	
pe President:	
dress:	
Hans-Michael Kraus	
1230 Peachtree Street Suite 3100 Atlanta Geomia 30300	
Michaela Kraemer	1.0.0
idress: 1230 Peachtree Street, Suite 3100, Atlanta, Georgia 30309	
OTE: If necessary, you may attach an addendum to the application listing additional off	fleers and/or directors.
(Signature of Director or Officer listed in number 12 of the application	(op)
Alexa Michael Maria Constant	1911)
(Typed or printed name and capacity of person signing application	-)

(((H08000073011 3)))

Control No.

# 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

SK USA, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 01/06/2006 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



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 21st day of March, 2008

> Karen C Handel Secretary of State

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Certification Number; 2424503-1 Reference: Verify this pertificate online at http://corp.cos.state.ga.us/corp/sockb/verify.asp (((H080000730113)))

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