

F09000001947

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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RE-SUBMIT

Please retain original filing
date of submission 5/8/09

FOREIGN PROFIT/NONPROFIT CORPORATION

O4 Corporation, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
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Corporate Filing Menu

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09 MAY -8 PM 1:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
09 MAY 13 PM 1:34



May 11, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

***C T CORPORATION SYSTEM

SUBJECT: 04 CORPORATION, INC.
REF: W09000022086

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 of your corporation 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.

Please return 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) 245-6062.

Eula Peterson
Regulatory Specialist II

FAX Aud. #: H09000117494
Letter Number: 709A00015934

**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. O4 Corporation, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

O4 Corporation, Inc. of Georgia
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Georgia 3. 20-4029393
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/29/2005 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3355 Lenox Rd., Ste. 1000, Atlanta, GA 30326
(Principal office address)

same
(Current mailing address)
8. Sale of software and services.
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip 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 place 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.

C T Corporation System

By: _____

(Registered agent's signature)

Danny Verdecchia, Jr. Asst. Secretary

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.

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

09 MAY - 6 PM 1:08

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Desmond Miller

Address: 3355 Lenox Rd., Ste. 1000

Atlanta, GA 30326

Director: Harris Fogel

Address: 3355 Lenox Rd., Ste. 1000

Atlanta, GA 30326

B. OFFICERS SEE ATTACHMENT

President: Harris Fogel

Address: 3355 Lenox Rd., Ste. 1000

Atlanta, GA 30326

Vice President: Pat Zalewski

Address: 3355 Lenox Rd., Ste. 1000

Atlanta, GA 30326

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Harris Fogel

(Signature of Director or Officer listed in number 12 of the application)

14. Harris Fogel, President

(Typed or printed name and capacity of person signing application)

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STATE OF GEORGIA
SECRETARY OF STATE

**Attachment to Florida
Officers & Directors**

1 Full Name:	Scott Foernsler
Officer/Director:	Officer
Officer's Title:	Executive Vice President
Director's Title:	
Business Address:	3355 Lenox Rd., Ste. 1000
City:	Atlanta
State:	GA
ZIP Code:	30326

FILED
09 MAY -8 PM 1:08
CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

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STATE OF GEORGIA

Secretary of State

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

09 MAY - 8 PM 1:08
CLERK OF SUPERIOR COURT
ATLANTA, GEORGIA

CERTIFICATE OF EXISTENCE

I, Karon C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

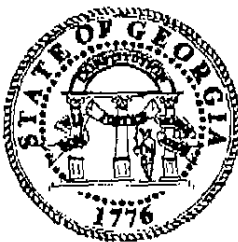
O4 CORPORATION, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 12/29/2005 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 8th day of May, 2009

Karen C Handel
Secretary of State