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SECRETARY OF STATE

COVER LETTER

TO:	New Filing S Division of C	Corporations				
SUBJ	ECT:	Morris	Capital Name of corpora	Grov	p, Inc.	
5000			Name of corpor	ation - must	include suffix	
Dear S	ir or Madam:	•				
"Certif		nce," and che				nct Business in Florida," nced foreign corporation to
Please	return all corre	espondence co	oncerning this m	atter to the	following:	
			William	1 J. V	Morris	
		 		e of Person		**************************************
	\mathcal{M}	sim.	(apttal	Grou	o. Inc.	
			Firm/	Company		
	555	North	Point (Center	East,	Suite 400
		Alph	arctla,	Address G/A	30022	OY). LM notification)
		1 /	City/St	ate and Zip	code	
		billmo	Wis@ W	Lorris	capitalgr	orp. com
		E-mail a	iddress: (to be u	sed for futu	re annual report	not/fication)
For fur	ther informatio	on concerning	this matter, plea	ase call:		
<u>B</u>	ill Mo	rris	at (70 <i>6</i>	235- 1419 Daytime Teleph	5
	Name of Per	son	А	rea Code &	Daytime Teleph	none Number
	STREET/CO New Filing So Division of C Clifton Buildi	orporations	DRESS:		MAILING A New Filing So Division of C P.O. Box 632	ection orporations
2661 Executive Center Circle Tallahassee, FL 32301					Tallahassee, I	
Enclose	ed is a check fo	or the followi	ng amount:			
\$70	.00 Filing Fee	\$78.75 Certif	Filing Fee & Teatus		5 Filing Fee & fied Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2009

WILLIAM J. MORRIS MORRIS CAPITAL GROUP, INC. 555 NORTH POINT CENTER EAST, SUITE 400 ALPHARETTA, GA 30022

SUBJECT: MORRIS CAPITAL GROUP, INC.

Ref. Number: W09000031255

We have received your document for MORRIS CAPITAL GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 409A00023211

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.	
(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) 2. Compra 3. S8-2454327	
2. (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 3/31/1999 5. <u>Pervetual</u>	
(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) 7. 555 North Point Center East, Suite 400 (Principal office address) Alphare Ha, GA 3	500ZZ
(Current mailing address)	<u>.</u> . •
8. Investment Company Fr &	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Part 2 Part 3 Part 3 Part 4 Part 4	T1:
Name: MARION BOY CLOKE	カット
Office Address: 200 Swise Po	·
DA-ven cort, Florida 33837 (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 plac 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 di and I am familiar with and accept the obligations of my position as registered agent.	y. I

(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. DIREC	TORS
	William J. Morris
Address:	555 North Point Center Fast Suite 400
	Alphanesta, GA 30022
	an:
Director:	
Director:	
Address:	
	William J. Marris 555 North Point Center East Stuff 400
	Alphanetta, GA 30022
	n: Argela L. Morris
Address:	5// 1.10/14 0- 10/15/2 50/5/2/20-
	Alphaulta, GA 30002
Secretary:	
NOTE: If n	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	VV VVim J. 1 Vm
	(Signature of Director or Officer listed in number 12 of the application) WILLIAM J. MORRIS
14	(Typed or printed name and capacity of person signing application)
	· · · · · · · · · · · · · · · · · · ·

Control No. K914380

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

MORRIS CAPITAL GROUP, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 03/31/1999 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 22nd day of June, 2009

Karen C Handel Secretary of State

Laun Chandel

Certification Number: 4419321-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp