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PICK-UP WAIT MAIL					
(Business Entity Name)					
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SECRETARY OF STATE
AHASSEE, FLORIDI

QP 10/27/09

### **COVER LETTER**

TO:	New Filing Section Division of Corporations			
CHDI	ECT: Blue HOPIZON US	AIN	Δ.	
SUBJ	Name of co		- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corpor icate of Existence," or "Certificate of C ced foreign corporation to transact busi	ood Stand	ling"and check are subr	
Please	return all correspondence concerning th	nis matter	to the following:	
	William R. Hires			
		Name of I		
	Blue Horzizon US	SA. In	) <sub>C</sub> .	
	F	Firm/Com	pany	
	2295 TOWNE LAKE	ARKWAY	Suite 116-	163
	<del>-</del> 	Addre	ss	
	Modstock G	A	30189	
		ty/State ar	d Zip code	
	Customerservice@ATLAN E-mail address: (to	TATRADI	N6G/Zoup.com	
	E-mail address: (to	be used for	or future annual report i	notification)
For fur	ther information concerning this matter	, please ca	ıll:	
	Name of Person at (		) <u>285 - 2700</u> Code & Daytime Teleph	
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A New Filing Se Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclose	ed is a check for the following amount:			
\$70	.00 Filing Fee S78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee & Certified Cop	\$87.50 Filing Fee, Certificate of Status & Certified Copy

# 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. Blue Horizan USA, INC.
(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. GEORGIA 3. 83-05/34/2
2. (State or country under the law of which it is incorporated)  3. (State or country under the law of which it is incorporated)  (FEI number, if applicable)
4. 06-12-2008 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. 2295 Towne Lake Parkway, Suite 116-163, Woodstock, GA 30189 (Principal office address)
201 River Prock North Dr., Woodstock, GA 30188 (Current mailing address)
8. To Conduct Business FOR PROFIT IN THE CONSTRUCTION INDUSTRY  (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: <u>Richard Donald Irwin</u>
Office Address: 4117 BUDDINGTON LANDING COLLET
(City), Florida 32068 (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.

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.

(Registered agent's signature)

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

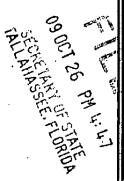
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	PASSES OF THE
Address:	72
. Add viss.	SSE
D. ODELOUDS	PR 1: 1.7 SEE. FLORI
B. OFFICERS  President: William R. Hires	PAGE 1-1
	•
Address: 430 Woodkuff Clossing	
Woodstock, GA 30189	
Vice President: GABRIEL P. HRIB	
Address: 2117 Tully WREN	
MARIETA, GA 30066	
Secretary: CABUEL P. H213	
Address: 2117 Tully WRFN, MARIETTA, GA 3006	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additiona	al officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the app	lication)
14. GABRIEL P. HRIB VICE PRESIDENT	/ Secretary
(Tuned or printed name and connective of person signing applie	ation)

Control No. 08046767

## STATE OF GEORGIA

## Secretary of State

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



## **Certified Copy**

I, Karen C Handel, Secretary of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed under the name of

#### BLUE HORIZON USA, INC.

#### **Domestic Profit Corporation**

Said entity was formed in the jurisdiction set forth above and has filed in the Office of Secretary of State on the 12th day of June, 2008 its certificate of limited partnership, articles of incorporation, articles of association, articles of organization or application for certificate of authority to transact business in Georgia. This Certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 21st day of October, 2009

Karen C Handel Secretary of State

faien Chandel

Certification Number: 4654856-1 Reference:

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