# 1000000160

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3
117-14450
Office Use Only



200171964682

03/22/10--01037--009 \*\*87.50

04/06/10--01006--002 \*\*1240.00

### **COVER LETTER**

TO: New Filing So Division of C				
SUBJECT: NITELI	NES USA, INCORPOR	RATED		•
			- must include suffix	
Dear Sir or Madam:				
"Certificate of Exister		Good Stand	Authorization to Transading" and check are substitutes in Florida.	
Please return all corre	spondence concerning	this matter	to the following:	
HL MCGLOCKTON				
		Name of I	Person	
NITELINES USA, INC	ORPORATED		,	
		Firm/Com	pany	
950 SCALES RD BLD	G 200 STE 203			
		Addre	ss	
SUWANEE GA 30024	1			
	C	ity/State ar	d Zip code	
CORP@NITELINESU		··	·	
	E-mail address: (t	o be used for	or future annual report r	otification)
For further informatio	n concerning this matte	er, please ca	all:	
PAMELA FRIEND	at	678	) 714-8033 X26	
Name of Pers			ode & Daytime Telepho	one Number
New Filing So Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	orporations ng ve Center Circle L 32301		MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclosed is a check for	r the following amoun	t:		
■ \$70.00 Filing Fee	□ \$78.75 Filing For Certificate of S		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2010

HL MCGLOCKTON NITELINES USA, INCORPORATED 950 SCALES RD. BLDG. 200, STE 203 SUWANEE, GA 30024

SUBJECT: NITELINES USA, INCORPORATED

Ref. Number: W10000014450

We have received your document for NITELINES USA, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1:240:00

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: 610A00007154

IN APR - I AM 8: (

## 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.

GEORGIA		3 593246289	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
5/1994		5 PERPETUAL	
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual	")
JULY 2005			
٠.		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	
50 SCALES R	D BLDG 200 STE 203		
	(Principal office ac	(dreec)	
		iu cos)	
950 SCALES F	RD BLDG 200 STE 203		
950 SCALES F	RD BLDG 200 STE 203 (Current mailing ac		
	(Current mailing ac		
GOVERNMEN	(Current mailing ac	country to be carried out in state of Florida)	
GOVERNMEN (Purpose(	(Current mailing ac T CONTRACTOR s) of corporation authorized in home state or	country to be carried out in state of Florida)	
GOVERNMEN (Purpose(	(Current mailing ac	country to be carried out in state of Florida)	
GOVERNMEN (Purpose(	(Current mailing ac T CONTRACTOR s) of corporation authorized in home state or	idress)	
GOVERNMEN (Purpose(s) Name and street	(Current mailing ac T CONTRACTOR s) of corporation authorized in home state or et address of Florida registered agent: (P	country to be carried out in state of Florida)  O. Box NOT acceptable)  SECRETARY OF SEE, FL	ş
GOVERNMEN (Purpose(s) Name and stress Name:	(Current mailing act T CONTRACTOR s) of corporation authorized in home state or et address of Florida registered agent: (P ROSE RIGBY	country to be carried out in state of Florida)  O. Box NOT acceptable)  APR - 2	į

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: HL MCGLOCKTON Address: 950 SCALES RD BLDG 200 STE 203 SUWANEE GA 30024 Vice Chairman: HL MCGLOCKTON Address: 950 SCALES RD BLDG 200 STE 203 SUWANEE GA 30024 Director: HL MCGLOCKTON Address: 950 SCALES RD BLDG 200 STE 203 SUWANEE GA 30024 Director: **B. OFFICERS** President: HL MCGLOCKTON Address: 950 SCALES RD BLDG 200 STE 203 **SUWANEE GA 30024** Vice President: HL MCGLOCKTON Address: SUWANEE GA 30024 SUWANEE GA 30024 Secretary: HL MCGLOCKTON Address: 950 SCALES RD BLDG 200 STE 203 SUWANEE GA 30024 Treasurer: HL MCGLOCKTON Address: 950 SCALES RD BLDG 200 STE 203 SUWANEE GA 30024 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) HL McGlockton 14. PRESIDENT/OWNER

(Typed or printed name and capacity 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, Brian P. Kemp. Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### NITELINES USA, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 12/08/1999 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 19th day of March, 2010

B:Ph

Brian P. Kemp Secretary of State

Certification Number: 5429908-1 Reference: 32010 Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp