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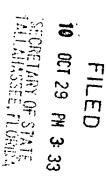
| (Requestor's Name) | | | | | |
|---|---|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | _ | | | | |
|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



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COVER LETTER

| TO: | New Filing Sec Division of Co | rporations | | |
|---|----------------------------------|--|--|--|
| SUBJ | ECT: | AMERBACI- | GROUP I | NC |
| 2020 | | | on - must include suffix | |
| Dear S | Sir or Madam: | | | |
| "Certif | ficate of Existence | ion by Foreign Corporation for e," or "Certificate of Good State on corporation to transact busing | inding" and check are sub | |
| Please | return all corresp | pondence concerning this matter PAUL AUER Name o | - | <u> </u> |
| | | AUERBACI | f Person + GROUP 1 | NC |
| | | 936 HAR | ebour Bay | DRIVE |
| | | Add | ress | |
| | (| TAMPA, City/State PAUERBACH | and Zip code 736 C VER | 1201, NET |
| | | E-mail address: (to be used | • | notification) |
| $\overline{}$ | _ | concerning this matter, please Area Area | | one Number. |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| Enclos | ed is a check for | the following amount: | | |
| □ \$70 | 0.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | □ \$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. AUERBACH GROUP 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) (State or country under the law of which it is incorporated) (FEI number, if applicable) 5. PERPETUAL
(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) HARBOUR BAY DRIVE, TAMPA, FL 33602 (Principal office address) HARBOUR BAY DRIVE, TAMPA, FL 33602 (Current mailing address) SALE KEPPESENTATION (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) VAIN AUERBACH Name: 936 HARBOUR BAY DR TAMPA, FC 3360 Z, Florida (Zip code) Office Address: 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. (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. DIRECTORS | |
| Chairman: | |
| Address: | |
| | |
| Vice Chairman: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| Director: | 1 S 6 |
| Address: | ART RO TO |
| | 29 |
| B. OFFICERS | OF S |
| President: GAIL AUERBACH | <u>သည်</u> ကြွန်ုင်ပ |
| 936 HARRIVE BAY DRIVE | <u> </u> |
| JAMARA TI 33642 | |
| Vice President: PAUL AUELBACH | |
| Address: 936 HARBOUR BAY DRIVE | |
| 74 Ou 5 7.7. | · · · · · · · · · · · · · · · · · · · |

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

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

14. Secretary

(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

AUERBACH GROUP INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 07/05/2006 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 state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 26th day of October, 2010

B: Ph

Brian P. Kemp

Secretary of State

Certification Number: 6210416-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp