# F1000001433

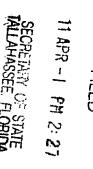
(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200199810082

04/01/11--01016--017 \*\*78.75



W

## **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: L	ansource, Incorpo	rated		
_	Name of c	orporation - 1	nust include suffix	
Dear Sir or Mad	am:			
"Certificate of E	pplication by Foreign Corpo xistence," or "Certificate of 6 foreign corporation to trans	Good Standin	g" and check are subr	
Please return all	correspondence concerning t	his matter to	the following:	
Mike Pende	er			
		Name of Per	rson	_
Lansource	, Inc.			
		Firm/Compa	ny	
P.O. Box 2	2638			
		Address		_
Rome, GA.	30164-2638			
	C	ity/State and	Zip code	
mpender@la	ansourcenet.com			
	E-mail address: (to	be used for	future annual report n	otification)
For further infor	mation concerning this matte	r, please call:		
Mike Pende	er at	(706)	234-2653	
Name o	f Person	Area Coo	le & Daytime Telepho	one Number
New Fili Division Clifton E 2661 Ex	T/COURIER ADDRESS: ing Section of Corporations Building ecutive Center Circle see, FL 32301		MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations
Enclosed is a che	eck for the following amount	:		
\$70.00 Filir	\$78.75 Filing Fe Certificate of St		78.75 Filing Fee & lentified Copy	\$87.50 Filing Fee, Certificate of Status &

### 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.

(if name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ss in Florida)
2. Georgia	3.	58-2396016	<del></del>
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4. June 1, 199	5.	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
6. <u>N/A</u>			
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7.4 Pike Stre	et Rome, GA 30165		
	(Principal office add	·	
P.O. Box 2	2638 Rome, GA 30164-2638		, .
7	(Current mailing add	fress)	SEC
8. Low Voltag			<b>●</b>
(Purpose(s	) of corporation authorized in home state or or	ountry to be carried out in state of Florida)	SE
9. Name and stree	et address of Florida registered agent: (P.C	O. Box NOT acceptable)	ARY OF STATE ASSEE, FLORID
Name:	Agents & Corporations, Inc.		STATE ORIDA
Office Address:	300 Fifth Ave. South Suite 101-	330	
	Naples	, Florida 34102	
	(City)	(Zip code)	

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.



APPAUSE FILED

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

A. DIRE	CCTORS	11 APR -1 PM 2: 28
Chairman		
Address:	44.00	SECRETARY OF STATE TALLAHASSEE, FLORIDA
-	,	*
Vice Chair	man:	
Address:		
_		
Director:		
Address:		
Director:		
Address:		
B. OFFI	CERS	
President:	Mike Pender	
Address:	4 Pike Street	
	Rome, GA 30165	
Vice Presi	dent:	
·		
Secretary:		
Address:		
Treasurer:		
Address:		
•	£pegessafy, you may attach an addendum to the applica	tion listing additional officers and/or directors
13.	In A I A A A A A A A A A A A A A A A A A	mon insting additional officers differ differences.
<b>—</b>	Signature of Director	
are true a	er or director signing this document (and who is listed in not that he or she is aware that false information submitte ee felony as provided for in s.817.155, F.S.	number 12 above) affirms that the facts stated herein ed in a document to the Department of State constitutes a

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

14. Mike Pender

Control No. K821225

# 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

## LANSOURCE, INC.

### **Domestic Profit Corporation**

was formed or was authorized to transact business on 06/01/1998 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 15th day of March, 2011

B: P.h-

Brian P. Kemp Secretary of State

Certification Number: 6871914-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp