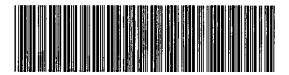
F110000001595

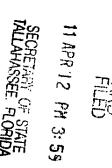
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PłCK-UP WAłT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300200890713

04/12/11--01020--003 **87.50





COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: JERRY WILSON, PC	·
	ration - must include suffix
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," I Standing" and check are submitted to register the pusiness in Florida.
Please return all correspondence concerning this r	matter to the following:
JERRY WILSON	
Nan	ne of Person
JERRY WILSON, PC	
Firm	n/Company
P.O. BOX 971	
	Address
REDAN, GA 30074	
City/S	tate and Zip code
lawoffice1998@yahoo.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pla	ease call:
JERRY WILSON at (40)4 ₎ 431-6262
· · · · · · · · · · · · · · · · · · ·	Area Code & Daytime Telephone 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
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\text{Certificate of Status}\$	\$78.75 Filing Fee & Sertified 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.

I. JERRY WILS					
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"			
JERRY WIL		Secretary Control of the Control of			
	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting busi	ness in Fli	orida)	
2. GEORGIA (State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
4. AUGUST 7	•		,		
	e of incorporation)	(Duration: Year corp. will cease to exist	or "perpet	ual")	
6					
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)			
7. 167 GABION LOOP, ELLENWOOD, GA 30294		A S			
(Principal office address)		新	AFR		
P.00. B0	X 971, REDAN, GA 30074		SEA	1PR 12	卫沙
	(Current mailing add	dress)	m _C	P	巴奇
_{8.} LAW / CO	NSULTING		STAT	ယ	Ç
(Purpose(s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)	-≯m	GD V/D	
9. Name and <u>stree</u>	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)			
Name:	STEPHEN M. CODY				
Office Address:	16610 SW 82ND COURT				
	PALMETTO BAY (City)	Florida 33157 (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.

(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.

APPROVED AND FILED

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

A. DIRECTORS 11 APR 12 PM 3:5% Chairman: SECRETARY OF STATE Address: TALLAHASSEE. FLORIDA Vice Chairman: Address: ___ Address: Director: _ Address: **B. OFFICERS** President: JERRY WILSON Address: 167 GABION LOOP ELLENWOOD, GA 30294 Vice President: Address: _ Secretary: JERRY WILSON Address: 167 GABION LOOP, ELLENWOOD, GA 30294 Treasurer: Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer of director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JEMRY WILSON - CEO

Secretary of State

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

JERRY WILSON P.O. BOX 971 REDAN, GA. 30074 DOCKET NUMBER : 110404100
CONTROL NUMBER : 09055980
DATE INC/AUTH/FILED: 08/07/2009
JURISDICTION : GEORGIA
PRINT DATE : 04/04/2011

FORM NUMBER : 211

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of hereby certify under the seal of my office that

JERRY WILSON, P.C. A DOMESTIC PROFESSIONAL CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. 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 abovenamed 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.

LS. 1776

Brian P. Kemp

Secretary of State