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: (850)617-6381

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094 Phone : (770)777-2091

Fax Number : (770)220-1943

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SEGNICIANY OF STATE
FALLAHASSEE, FLORIDA

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# FOREIGN PROFIT/NONPROFIT CORPORATION COBUS MANAGEMENT, INC.

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Certified Copy	1
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### COVER LETTER

TO: New Filing Section			
Division of Corporations			
SUBJECT: Cobus Management, I			
N	ame of corporati	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of existence," or certification of the enclosed foreign corporation above referenced foreign corporation."	icate of Good St	anding" and check are subr	
Please return all correspondence con-	cerning this mat	ter to the following:	
Elissa Hart			
, , , , , , , , , , , , , , , , , , , ,	Name o	of Person	
Smith, Gambreil & Russell, LLP			
	Firm/Co	ompany	
1230 Peachtree St., Suite 3100			
	Add	dress	
Atlanta, GA 30309			
	City/State	and Zip code	
ehart@sgrlaw.com			
E-mail ad	dress: (to be use	d for future annual report n	otification)
For further information concerning the	his matter, please	e call:	
Elissa Hart	at (404	y 815-3500	
Name of Person	Arc	815-3500 a Code & Daytime Telepho	one Number
STREET/COURIER ADDINEW Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassec, Fi	rporations
Enclosed is a check for the following	amount:		
	Filing Fee & cate 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.

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	orda)	qual")

#### 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.

Smith, Gambrell & Russell, LLP

By: (Registered agent's signature)

11. Attached is a certificate of existence duty 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: Don Frassetto	The second secon
Address: 1230 Peachtree St., Suite 3100	The state of the s
Atlanta, GA 30309	
Director:	
Address:	
Director:	
Address:	
Director;	
Address;	
3. OFFICERS	min.
resident: Don Frassetto	
Address: 1230 Peachtree St., Suite 3100	
Atlanta, GA 30309	
rice President:	
ddress:	
ecretary: Hans-Michael Kraus	
ddress: 1230 Peachtree St., Suite 3100, Atlanta, GA 30309	
Tellsurer: Don Frassetto	
ddress: 1230 Peachtree St., Suite 3100, Atlanta, GA 3030	
OTE: If necessary, you may attach an addendum to the application listing ad	ditional officers und/or directors.
(Signature of Director or Officer listed in number 12 of the	he application)
Hans-Michael Kraus - Secretary	
(Typed or orinted name and capacity of person signing	application)

7702201943 >>

Control No.

# STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

# CERTIFICATE OF EXISTENCE

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

#### COBUS MANAGEMENT, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 12/06/2000 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 4th day of June, 2012

B:Ph

Brian P, Kemp Secretary of State

Certification Number: 9126400-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskh/verify.asp