

(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:
•

Office Use Only



200236585502

07/23/12--01053--002 \*\*78.75

FLED

12 AUG 15 AM 9: 5:
SECREPARY OF STATE
ALLAHASSEE FLORIDA

1. Servers #16 16 187



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 24, 2012

VAL SANDERS 2650 HOLCOMB BRIDGE RD STE 610 ALPHARETTA, GA 30022

SUBJECT: COLINEAR SYSTEMS, INC.

Ref. Number: W12000038969

We have received your document for COLINEAR SYSTEMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of 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) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 912A00019465

### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Colinear Systems, Inc.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Colinear Systems, Inc.
2650 Holcomb Bridge Rd Ste 610
Address Address Address Address City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (170) 643-0000 X102  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 \$78.75 Filing Fee & Certificate of Status \$78.75 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.		
. Colinear Systems, Inc		
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
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)		
2. Georgia 3. 58-1633079 (State or country under the law of which it is incorporated) (FEI number, if applicable)		
(State or country under the law of which it is incorporated)  4		
4. (Date of incorporation)  5. (Duration: Year corp. will cease to exist or "perpetual")		
6.		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7. 2650 Holcomb Bridge Rd Ste 610 Alpharetta	GA	3002
(Timesparotitee address)	1	
2650 Holcomb Bridge Rd, 5 te 610, Alpharetta, GH 30022		
(Current mailing address)		
8. Computer software		
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	2 AUG	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	-	<b>7</b> -3.
Name: Dan Parrett	OI.	高
Office Address: 141 San Juan Ave	5 HH 5	Ü
Co la Vaca Brank 2011 CO	9: 5	
(City) (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 pla		
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacit further agree to comply with the provisions of all statutes relative to the proper and complete performance of my d		
and I am familiar with and accept the obligations of my position as registered agent.		
X) Dahtanett		
(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.

	7	Ţ
•	=	
ł		•
ŧ.	7	٦,
(		ľ

12. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman: Scott Weaver, CED		<del></del>
Address: 2650 Holcomb Bridge Rd, Ste 610		
Alphareta GA 30022		
Vice Chairman:		
Address:		
7.55.7		
Dimeter		
Director:		
Address:		
Director:		<del></del>
Address:		
B. OFFICERS		
President: Scott Weaver, President		
Address:	,>'⇔	7
	<u> </u>	A
Vice President:	- <del> </del>	<u> </u>
Address:		
	25 15 15 15 15 15 15 15 15 15 15 15 15 15	<u> </u>
Secretary: Nealie Weaver, Secretary		5
Address:		
Treasurer:		
Address:		
NOTE: If becessary, you may attach an addendum to the application listing additional officers and/or direction	ectors.	
13. X Apathy		
Signature of Director or Officer		
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts are true and that he or she is aware that false information submitted in a document to the Department of Sta		
third degree felony as provided for in s.817.155, F.S.		
14. Scott Weaver - President (Typed or printed name and capacity of person signing application)		
(1) year or printed titule and eaparity or person stemme approacion)		

Control No. J506429

# STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive 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

### COLINEAR SYSTEMS, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 04/29/1985 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



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 12th day of July, 2012

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 9204087-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp