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## **COVER LETTER**

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TO: Registration Se Division of Cor					
GN&W C	apital Corporation/GA				
	Name of corpora	ition - m	ust include suffix	<del></del>	
Dear Sir or Madam:					
"Certificate of Existenc	Name of corporation - must include suffix  m:  pplication by Foreign Corporation for Authorization to Transact Business in Florida," istence," or "Certificate of Good Standing" and check are submitted to register the foreign corporation to transact business in Florida.  orrespondence concerning this matter to the following:  Name of Person  Firm/Company  or SW  Address  26  City/State and Zip code  otmail.com  E-mail address: (to be used for future annual report notification)  nation concerning this matter, please call:  Person  at (70) 948-3245  Area Code  Daytime Telephone Number  //COURIER ADDRESS: on Section of Corporations of Corporations uitding				
Please return all corresp Priscilla J. Granese	ondence concerning this m	atter to t	he following:		
	Name	of Pers	on		
GN&W Capital Corporati	on				
4503 Brookwood Dr SW	Firm/9	Compan	Y		
Mableton, GA 30126	A	ddress			
priscillagranese@hotmail	·	ite and Z	ip code		
	E-mail address: (to be us	sed for f	iture annual report no	otification)	
For further information	concerning this matter, plea	ase call:			
Priscilla J. Granese			948-3245		
Name of Perso			Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			Registration Section Division of Corporations P.O. Box 6327		
Enclosed is a check for	the following amount:				
□ \$70.00 Filing Fee				<del>-</del>	

### 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.

1.	GN&W Capital	•				
•	(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATION	<b>V</b> ,''		
	(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transactir	ng business in Florida)		
2.	Georgia	3.	58-1828757			
4.	(State or country 09/12/1988		(FEI number, if applicable)			
	(Date	of incorporation) 5.	(Date of duration, if other	than perpetual)		
6.				<u>.                                    </u>		
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501	Florida, if prior to registration) 02, F.S., to determine penalty liabil	ity)		
7.		Dr SW, Mableton, Ga 30126	, ,	m2		
1.	(Principal office address)					
		(Current mailing	g address, if different)	12 ASSI		
8.	Name and stree	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	是 3 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		
	Name:	Priscilla J. Granese		: 32		
О	ffice Address:	5616 Thomas Drive		•		
		Panama City Beach	32406 , Florida			
		(City)	(Zip code)			

## 9. 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)

10. 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.

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

A. DIRECTORS

	CTORS  Donald A. Wagley				
	4503 Brookwood Dr SW		<del></del>		<del></del>
Address: _ I	Mableton, Ga 30126			_	
- lice Chair	Priscilla J. Granese			_	
	4503 Brookwood Dr SW				
	Mableton, Ga 30126		_		
Director:		.,			
\ddress: .					
			•		
Director:					<del></del>
Address:		<del>.</del>			
					<u> </u>
3. OFFI					
resident:	Donald A. Wagley		_		
Address:	4503 Brookwood Dr SW	_	_		
	Mableton, Ga 30126			_	
/ice Presi	Priscilla J. Granese		رو	2	
\ddress:	4503 Brookwood Dr SW			2019 H	
tuuress.	Mableton, Ga. 30126	4.	HAS	H.R.	型
Secretary:	Priscilla J. Granese			<del>-</del> >-	m
Address:	4503 Brookwood Dr SW, Mableton, Ga 30126		27.0	=	<del></del>
reasurer:	Priscilla J. Granese		3.73	32	
Address:	4503 Brookwood Dr. SW Mableton, Ga 30126				
	If necessary, you may attach an addendum to the application listing addit	ional officers	and/or	direct	ors.
The offic are true a a third do	Signature of Director or Officer ter or director signing this document (and who is listed in number 11 abound that he or she is aware that false information submitted in a document egree felony as provided for in s.817.155, F.S. ald A. Wagley, Director, President	ve) affirms th t to the Depar	at the fa	ets sta	nted herein constitutes

Control Number: J817395

# STATE OF GEORGIA

# Secretary of State

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

#### **CERTIFIED COPY**

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed with the Corporations Division of the Office of the Secretary of State of Georgia under the name of

#### **GN&W CAPITAL CORPORATION**

a Domestic Profit Corporation

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number : 16763912
Date Inc/Auth/Filed: 09/12/1988
Jurisdiction : Georgia
Print Date : 02/26/2019

Form Number : 215



Brad Raffonsperger

**Brad Raffensperger Secretary of State**