F-9500001484

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS



SUP JECT: LDI Consultants, 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", 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:

Burke O. Archer (Name of Person)	
Lamar, Archer & Cofrin (Firm/Company)	
50 Hurt Plaza, Suite 900 (Address)	8:000001441156 -03/28/9501045005
Atlanta, Georgia 30303 (City, State and Zip Code)	*****70.00 ******70.00

Should you need to call someone concerning this matter, please call:

(Name of Person) at (_404__) 577__ 1777

Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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:

ab (N	I.D1 Consultants, Inc. ame of corporation: must include the word "INCORPORATED", "COMPANY", "CORPOR breviations of like import in language as will clearly indicate that it is a corporation inste partnership if not so contained in the name at present.)	ATION or word ad of a natural p	e or persor
	Georgin 3. N/A The or country under the law of which it is incorporated) (FEI number, if applicable)		
4	2/15/93 5. perpetual (Date of Incorporation) (Duration: Year corp. will cease to ex	C) C)	52 21.0
_	(Duration: Year corp. will cease to ex	ist or "perpopual	DE .
Б. (Da	upon_qualification to first transacted business in Florida. (See sections 007.1501, 607.1502, and 817.155, F.S.)	153 CO	·
/. <u> </u>	2628 Rivers Road	70 26	
		2: (2.
-	Atlanta, Georgia 30305 (Current mailing address)	02	sm
	,	`	
	Name:	33409 (Zip Code)	
10. F	Registered agent's acceptance:		
Having corpor registe of all s	g been named as registered agent and to accept service of process for ration at the place designated in this application, I hereby accept the ered agent and agree to act in this capacity. I further agree to comply statutes relative to the proper and complete performance of my duties and accept the obligations of my position as registered agent. (Registered agent's signature)	e appointme with the provi , and I am fa	nt a
11. A delivery	ttached is a certificate of existence duly authenticated, not more than y of this application to the Department of State, by the Secretary of States of Corporate records in the initialization.	n 90 days pri	ior to

having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12.	Names and addresses	of officers	and/or	directors
A.	DIRECTORS			

Chairman:	unutu D. Tarocci	
Addross:	2628 Rivers Road	
	Atlanta, Georgia 30305	
Vice Chairma	n:	
_		_
Diroctor:		
Address:		
Address:		_
B. OFFICERS		— O1 1366
President:	Laura D. Iarocci	_ 88 95 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Address:	2628 Rivers Road	- 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
	Atlanta, Georgia 30305	(-1)11)
Vice President	:	2
Address:		
	Laura D. larocci	
	2628 Rivers Road	
	Atlanta, Georgia 30305	
Address:		_
MOTE: If peace		-
and/or directors.	attach an addendum to the application li	sting additional officers
. / - / /	<i></i>	
Signature of Chairman, Vice Chair	man, or any officer listed in number 12 of the app	 plication
14 Drauddone		
(Typed or printed name and co	apacity of person signing application)	_

Secretary of State
. Corporations Division
Suite 315, West Tomer
2 Martin Tuther King Ir. Dr.
Atlanta, Georgia 30334-1530

DCCKET NUMBER : 950540946
CONTROL NUMBER : 9304412
DATE INC/AUTH/FILED: 02/15/1993
JURISDICTION : GEORGIA
PRINT DATE : 02/23/1995
FORM NUMBER : 211

BURKE ARCHAR 50 HURT PLAZA STE 900 ATLANTA GA 30303 ON SECULO CONTRACTOR SECULOR S

CERTIFICATE OF EXISTENCE

1. MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

LDI CONSULTANTS, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above and was incorporated, formed, or 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 or certificate of cancellation 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 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.

MAX CLELAND
SECRETARY OF STATE

CORPORATIONS 656-2817

CORPORATIONS HOT LINE 404-656-2222 Outside Metro-Atlanta

PLEASE READ	ALL INSTRUCTIO	NS BEFORE	COMBI E	TING THE FORM	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTI Sandra B. I Socrolary Division of col	MENT OF STATI Mortham of Stato		FILED	· · · · · · · · · · · · · · · · · · ·
DOCUMENT # F9500001484 LDI CONSULTANTS, INC.					
		"" 41 PM 3: 02		3: 02	
				SECRETARY OF STALLAHASSEE, FLO	TATE ORIDA
Proceed Place of Dusmain 2628 RIVERS ROAD	Mailing Address 2626 RIVERS ROAD		! 	ilikā iāliel ālikā eseli galik esiki adsir esiki	
ATLANTA GA 30005	ATLANTA GA 70005				
If allows with the same of the				•	11.27.96 11.27.96
If above addresses are incorrect in any way, line the 2. New Principal Office Address, if Applicable	3 New Mailing Office Arkfress	ter correction below.	4. Date Incom	porated or Qualified	11.27.70
Suin, Apl ₩, ofc	Suite, Apt #, etc	······································	10 Do Doși	ilidas in Florida 03/2	28/1995
City A State	City & State		5. FEI Numbo	NOT APPLICABLE	Applied For Not Applicable
Zip Country	Zip Cou	intry	G. CENTIFICATI		Additional Fee required Cortificate of Status
7 Names and Street Addresses of Each Officer and/	or Director (Florida numprofit corp	orations must list at loa			Confidential Status
Titlu(s) Name of Officers 1 2 Name of Officers Name of Officers Name of Officers Name of Officers	3 (Do NOT	Street Address of Each Officer and/or Director Use Post Office Box N	umbors)	City / State	/ Zip
PCSD IAROCCI, LAURA D	2628 RIVERS			ATLANTA GA	
	,				
			S i	1 000201-136 -12/04/96010 -****375.00 *:	01~-021
				1000201381 -12/04/960 *******	
8. Name and Address of Current Re	egistered Agent	None	9. Name and Ac	idress of New Registered Agen	t
West Palm Beac		D. Box Number is Lage Boule	evard, Suite 160	CP2E040 (7/96)	
10. I, being appointed the registercy reserve the ebase	popod sorgoration, am familiar w	City	ottono ot Saut		Code
Signature of Registered Agent By: Aurel	My Pusis	Cuf	ations of Section	Date 11/19/96	
 Does this corporation pay an Dept. of Revenue under S. 1 	v intangible tax to th	ie utes. Yes	No X	(See other side for it on intangible t	nformation
12 I certify that I am an officer or director or the receiver this reinstatement application, the reason for dissolutiowed by the corporation have been paid and the name on this application is true and accurate, and my signal	or trustee empowered to execute on has been eliminated, the corpo	this application as prov	ided for in chapte requirements of	er 607 or 617, F.S. I further cently section 607,0401 or 617,0401, F. section 119.07(3)(i), F.S. The into	that when filing S., that all fees ormation indicated
LDI CONSULTANTS, SIGNATURE SIGNATURE AND TYPED ON PRINTE		eden J HAROCCI	11 , Pees	10/96 4047 Description Description	2641285