# F9500001636

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

700003445317 -04/06/95--01041--012 \*\*\*\*\*70.80 \*\*\*\*\*70.00

SUBJECT:	Phillips Management Group, Inc. (Name of corporation - must include suffix)	N. C.	٠.,
Dear Sir or Mad			
Certi	"Application by Foreign Corporation for Authorization to a ficate of Existence", and check are submitted to register a tion to transact business in Florida.	Fransact Busine the above refer	ess in enced
Please return all	correspondence concerning this matter to the following:	75 70	DIV
Should you need	Phillips (Name of Person)  Phillips Management Group, Inc. (Firm/Company)  P.O. Box 3048 (Address)  Cumming. GA. 30130 (City, State and Zip Code)  I to call someone concerning this matter, please call:	905 MM 9: 35	SON OF COUNTY STATE
David P. Ph:	at (404 ) 887 -7307  For Person) 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 SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS	IS IN 23-	IEo
STATE OF FLORIDA:		SEVI
A DUTTITUE MANAGEMENT GROUP THOSE SAME AND SAME	≈ .	
1. PHILLIPS MANAGEMENT GROUP, INC.  (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" of abbreviations of like import in language as will clearly indicate that it is a corporation instead of a nation partnership if not so contained in the name at present.)	က	۰۔کرہ جزی <del>کھ</del>
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a nation of partnership if not so contained in the partnership if not so contained in the partnership.	niii bi	GOV.
or beingereth it not so consenied at p.4 (Wille at blezelln)	٠	. S
2. FORSYTH , GA 3. 58-2151051	ယ္အ	
2. FORSYTH , GA 3. 58-2151051 (State or country under the law of which it is incorporated) (FEI number, if applicable)		<u>.</u>
4. <u>January 1, 1995</u> (Date of Incorporation)  5. <u>peretual</u> (Duration: Year corp. will cease to exist or "perp		
(Duration: Year corp. will cease to exist or "perp	etual7	
6. January 1, 1995 (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)		
(Date filet Delibercho Duelless HT Fiorida, (See sections 507,1501, 507,1502, and 817,155, F.S.)		
73403 Habersham Club Drive		
Cumming, Georgia 30131		
(Current mailing address)		
( and the same and		
8. To perform as a Property Management Company in the state of Florida		
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Flo	rida)	
9. Name and street address of Florida registered agent:		
Name: John B. Cooke		
Office Address: 945 Martinique Drive		
Merritt Island Florida 32953		
Merritt Island , Florida , 32953 (Zip Coo	le)	
(Zip Cod	le)	
10. Registered agent's acceptance:		
10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above.	ove s	 ated
10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above corporation at the place designated in this application. I hereby accept the application.	ove s:	4 00
10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the about corporation at the place designated in this application, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the	ove s: otme:	t as
10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the about corporation at the place designated in this application, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the pof all statutes relative to the proper and complete performance of my duties, and lead	ove s: otme:	t as
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## 12. Names and addresses of officers and/or directors:

A	٠. [	DIR	EC1	TORS

	Chairman: _	David P. Phillips	
	Address:	3403 Habersham Club Drive	_
		Cumming, Georgia 30131	<u>.</u>
	Vice Chairn	nan: Barbara K. Phillips	
	Address: _	3403 Habersham Club Diive	•
v.,	· , <b>-</b>	Cumming, Georgia 30131	•
	Director:		
	Address: _		<b>.</b>
į.	_		<u>.</u>
	Director:		•
	Address:		-
			•
B. OFFIC	ERS		
	President: _	David P. Phillips	•
e.	Address:	3403 Habersham Club Drive	
		Cumming, Georgia 30131	
:	Vice Presid	ent:	_
e de la companya de	Address: _		-
			_
	Secretary:	Barbara K. Phillips	_
en e	Address:	3403 Habersham Club Drive	
		Cumming, Georgia 30131	-
	Treasurer:	Barbara K. Phillips	
	Address:	3403 Habersham Club Drive Cumming, Georgia 30131	-
NOTE: If nec	cessary, you n	nay attach an addendum to the application lis	ting additional officers
13. Signature	aud 9	Chillens	Unadant
	d P. Phillins	Chairman, or any office listed in number 12 of the app	IICAIDON)

(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Bivision
Suite 315, West Cower
2 Martin Luther King Ir. Br.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 950800605
CONTROL NUMBER : 9500069
DATE INC/AUTH/FILED: 01/01/1995
JURISDICTION : GEORGIA
PRINT DATE : 03/21/1995

FORM NUMBER : 211

DAVID PHILLIPS P.O.BOX 3048 CUMMING GA 30130 OWISION OF CORPORATIONS

95 APR -5 AM 9: 35

### CERTIFICATE OF EXISTENCE

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

## PHILLIPS MANAGEMENT GROUP, INC.

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

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