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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

SUBJECT: BWS Corporation  
(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:

Linda Hairston  
(Name of Person)  
BWS Corporation  
(Firm/Company)  
2695 Buford Highway, N.E.  
(Address)  
Atlanta, GA 30324  
(City, State and Zip Code)

600001529996  
-07/05/95--01048--014  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

*HL*

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

Linda Hairston at ( 404 ) 325--3155  
(Name of Person) Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 JUL -5 PM 3:48

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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  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. BWS Corporation  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Georgia  
(State or country under the law of which it is incorporated)
3. Applied For  
(FEI number, if applicable)
4. 6/9/95  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon receipt of Certificate of Authority  
(Date first transacted business in Florida. (See sections 007.1501, 007.1502, and 017.155, F.S.))
7. 2695 Buford Highway, N.E.  
Atlanta, GA 30324  
(Current mailing address)
8. Facility Management  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: Thomas A. Blakely  
Office Address: 2641 E. Atlantic Blvd., Suite 201  
Pompano Beach, Florida, 33062  
(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 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)

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.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Thomas A. Blakely

Address: 2641 E. Atlantic Blvd., Suite 201  
Pompano Beach, FL 33062

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Thomas A. Blakely

Address: 2641 E. Atlantic Blvd., Suite 201  
Pompano Beach, FL 33062

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas A. Blakely  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas A. Blakely  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

# Secretary of State

Corporations Division

Suite 315, West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

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PRINT DATE : 06/30/1995  
FORM NUMBER : 0211

MACEY, WILENSKY, COHEN, WITTNER & KESSLER  
133 CARNEGIE WAY, NW, STE 700  
ATLANTA, GA 30303

## CERTIFICATE OF EXISTENCE

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

### BWS CORPORATION A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was 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, 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.



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Max Cleland  
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