F96000000302

TO: Qualification/Tax Lien Section Division of Corporations \$\text{smmon1691112} \\
-0177796--01102--004 \\
*****78.75 \\
*****78.75

SUBJECT: Southeastern Facility Management, 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:

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

Jacob Beil or Wanda Miller at (706) 596-9912
(Name of 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 Section 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:

••	Southeastern Facility Management, Inc. (Name of corporation: must include the word "INCORPOR abbreviations of like import in language as will clearly indice person or partnership if not so contained in the name at pre-	ATED*, "COMPANY", "CORPORA ate that it is a corporation instead of a ent.)	TION* or words or a natural
	Georgia State or country under the law of which it is incorporated)	3. 58-1699279 (FEI number, if	upplicable)
4.	September 8, 1986 (Date of Incorporation)	5. Perpetual (Duration: Year corp. will cease to	96 - 186 196 196
6.	Upon Qualification (Date first transacted business in Florida. (SEE SECTION)	•	
7.	6601 Gateway Road, P. O. Box 8827, Col	umbus, Muscogee County,	3,0
(Current mailing address) To provide management, maintenance, custodial, security, janitorial, operational, landscaping, and food services, of any and all kinds, whatsoever.			
9. T	Purpose(s) of corporation authorized in home state or countrilorida) Name and street address of Florida registered		D. NOT
	acceptable) Name: CT Corporation System		ob Rox <u>VOT</u>
Offi	•		ор вох <u>иот</u>
Offi	Name: CT Corporation System ice Address: 1200 South Pine Island Road		——
	Name: CT Corporation System ice Address: 1200 South Pine Island Road	, Florida ,	——
10. Have corporated and and	Name: CT Corporation System ice Address: 1200 South Pine Island Road Plantation	, Florida, 33324 (Zip Code) It service of process for the above, I hereby accept the appoint further agree to comply with the dagent of the agent o	ove stated tment as he provisions of a familiar with prior to

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: Matthew Lewis Address: 6601 Gateway Road, P. O. Box 8827, Columbus, GA 31908-8827 Vice Chairman: Dianne Lewis Address: 6601 Gateway Road, P. O. Box 8827, Columbus, GA 31908-8827 Director: Willie Davis GAddress: 6601 Gateway Road, P. O. Box 8827, Columbus, GA 31908-8827 Director: _ Address: ___ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Matthew Lewis Address: ___6601 Gateway Road, P. O. Box 8827, Columbus, GA 31908-8827 Vice President: <u>Dianne</u> Lewis Address: 6601 Gateway Road, P. O. Box 8827, Columbus, GA 31908-8827 Secretary: Willie Davis Address: __6601 Gateway Road, P. O. Box 8827, Columbus, GA 31908-8827 Treasurer: Matthew Lewis Address: 6601 Gateway Road, P. O. Box 8827, Columbus, GA 31908-8827 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Matthew Lewis, President and Chairman of the Board

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

Becretary of State Business Information and Services Suite 315, West Tower 2 Martin Luther King Jr. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER : 953550354
CONTROL NUMBER : 8613577
DATE INC/AUTH/FILED: 09/08/1986
JURISDICTION : GEORGIA
PRINT DATE : 12/21/1995
FORM NUMBER : 211

JACOB BEIL P O BOX 1126 COLUMBUS GA 31902

14:6 HY LI HY 96 MINESCONDINGUES SENSON

CERTIFICATE OF EXISTENCE

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

SOUTHEASTERN FACILITY MANAGEMENT, INC. 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.

MAX Cleland

MAX CLELAND SECRETARY OF STATE

