TO: Qualification/Tax Lien Section Division of Corporations
SUBJECT: SMITH JAMES FROUP INC. (Name of corporation - must include sulfix)
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: PLODIT 18867 -02/20/9601049008 ******78.75 ******78.75 ******78.75 ******78.75 ******78.75 ******78.75 ******78.75 ******78.75 ******78.75 ******78.75 ******78.75 ******78.75 *******78.75 *******78.75 *******78.75 *******78.75 *******78.75 *******78.75 *******78.75
Should you need to call someone concerning this matter, please call: Concerning the second concerning this matter, please call: Co
COURIER ADDRESS: MAILING ADDRESS: せつける ロール

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

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:

(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.)	•
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. 58-1944212 (FEI number, if applicable)	
4. 5/23/9/ (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	
> MAY 1, 1996 OR C	
6. WILL BEGIN UPON DATE ISSUED FRITIFICATE OF JUTHOR (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	глу,
7. 11660 ALPHARETTA HIGHWAY SUITE 515	-1
Roswell, GA 3007 (Current mailing address)	
8. To FROVIDE EXECUTIVE SEARCH SERVICES (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: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: WILLIAM G. BLEDSOE	
Office Address: 178 VIA DE LA KEINA	<u> </u>
MERRITT TLAND, Florida, 32953 6 (Zip Code) 0	.0
10. Registered agent's acceptance: (Zip Code) Code	i
Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this application, I hereby accept the appointment a registered agent and agree to act in this capacity. I further agree to comply with the provisions 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.	~ 5
Mille on h Sagares (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.

 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: Address: Vice Chairman: Address: _ Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: _\\ Address: _ Address: _SAME Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and dapacity of person signing application)

Secretary of State Ausiness Information and Services Suite 315, West Cower 2 Martin Tuther King Ir. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER: 960391018
CONTROL NUMBER: 9109003
DATE INC/AUTH/FILED: 05/23/1991
JURISDICTION: GEORGIA
PRINT DATE: 02/08/1996
FORM NUMBER: 211

SMITH JAMES GROUP INC. ATTN PEGGY MATHIEWS 11660 ALPHARETTA HWY., STE. 515 ROSWELL GA 30076 SECRETARY OF STATE
DIVISION OF CORPORATIONS
OF THE PROPERTY OF STATE
OF

CERTIFICATE OF EXISTENCE

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

SMITH JAMES GROUP, 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.

LEWIS A. MASSEY
SECRETARY OF STATE

