TO: Qualification/Tax Lien Section Division of Corporations

SUBJECT: BEAPORT CENTRAL PALLROAD, INC.
(Name of corporation - must include suffix)

Dear Sir or Madain:

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:

	Nikinger spyrist Calif	Helanie L. Marks, Esq.
1068~~AC1	70000173 -03/11/560106 -+++70.00 ++	(Name of Person) Bouhan, Williams & Lovy, LLP
_		(Firm/Company)
H		Post Office Box 2139 (Address)
		Savannah, Georgia 31492-2139
		(Cay, managy)
- moya go rd		nould you need to call someone concerning this matter, please call:
		Savannah, Georgia 31492-2139 (City/Sune/Zip) nould you need to call someone concerning this matter, please call:

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassec, 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:

Name:	are in e	AINI LH	
Base of incorporation B. 1995 S. 2096 (Duration: Year corp. well ce "perpetual")	are in e	kiel en	****
Base of Incorporation 18, 1995 19 19 19 19 19 19 19		AINI LH	
(Date first transacted business in Florida. (SEE SECTIONS 607.150), 607.1502, AND 817.15 7	55, 11 8 3		••••
(Date first transacted business in Florida. (SEE SECTIONS 607.150), 607.1502, AND 817.15 2701 Talleyrand Avenue Jack sonville, 110rida 32206 (Current mailing address) (Purposets) of corporation authorized in home state or country to be carried out in the state of the state o	55, 11 8		
Jacksonville, 110rida 32206 (Current mailing address) (Purposets) of corporation authorized in home state or country to be carried out in the state of Name and street address of Florida registered agent: (P.O. Box or Mail Diacceptable) Name:		•	
Jacksonville, Jorida 32206 (Current mailing address)			
(Purposets) of corporation authorized in home state or country to be carried out in the state of Parida registered agent: (P.O. Box or Mail De acceptable) Name:			
(Purposets) of corporation authorized in home state or country to be carried out in the state of Parida registered agent: (P.O. Box or Mail Diacceptable) Name:	-	4.29 1.74	
Name and street address of Florida registered agent: (P.O. Box or Mail De acceptable) Name:			مسد دو دو د
Name and street address of Florida registered agent: (P.O. Box or Mail De acceptable) Name:		and S Market	
Name and street address of Florida registered agent: (P.O. Box or Mail De acceptable) Name:		7-3	
Jacksonville ,Florida. 3	r op B o	(1)	<u>r</u>
	2206		
10) McKineten witene a merekumper.	Zap Cod	le)	
Having been named as registered agent and to accept service of process for corporation at the place designated in this application, I hereby accept it registered agent and agree to act in this capacity. I further agree to comply wit all statutes relative to the proper and complete performance of my duties, and 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 day delivery of this application to the Department of State, by the Secretary of State official having custody of corporate records in the jurisdiction under the law of the secretary of the secretar	ne apj th the	provin provin familio r to other	ent as ions of ir with

incorporated

12. Nating and addresses of officers and/or directors: (Street address ONLY: P. O. Hox NOT acceptable) A. DIMECTORS (Street address only- P. O., Box NOT acceptable) Address: ____6001_Chatham_Center_Dilve- Eulla_150____ Savannah, Georgia 31103 Vice Chaliman: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: E. Gay May 11 eld Address: ____6001_Chatham_Contor_Drivo,_Eulta-150_____ Savannah, Georgia, 31405 Vice President: John R. Banton, Jr. 6001 Chatham Center Drive, Suite 350 Address: ____ Bavannah, Georgia 31495 Secretary: Debra M. Strouse Address: 6001 Chatham Center Drive, Suite 350 Savannah, Georgia 31405 Treasurer: John D. Bonton, Jr. Address: 6001 Chatham Center Drive, Suite 350 Sayannah, Georgia 31405 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Miles III Selfage of Chairman, Vice Chairman, or any officer hand in number 12 of the application)

14. Dobt a M. Strousec. Court tary
(Typed or printed name and capacity of person signing application)

Decreivry of Diste Musiness Information and Dervices Onite 315, West Countr Martin Linther King Dr. Dr. Allants, Scornis 30334-1530

DOCKET NUMBER 1 960320271
CONTROL NUMBER 1 9529250
DATE INC/AUTH/FILED1 09/18/1995
JURIBDICTION 1 GEORGIA
PRINT DATE 1 02/01/1596
FORM NUMBER 1 211

1.1

MELANIE MARKS PO BOX 2139 SAVANNAH GA 31402-2139

	CERTIFICATE OF EXISTENCE		
i, the Secretary seal of my office	of State of the State of Georgia, do hereby that	iri	under the
	SEAPORT CENTRAL RAILROAD, INC. A TRANSPORTATION/TELECOMPUNICATION 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

