F960000 394

		<i>MIJII</i>
CT CORPORATION SY	E1185M	
Requestor's Name 660 EAST JEFFERSO		
Address		
TALLAHASSEE FL	32301 222-1092	30000174985
City State 2	Zip Phone	30000174963 -03/19/9601112016 *****70.00 *****70.00
CORPO	PRATION(S) NAME	
		<u></u>
Concr	road, Inc.	7 95 H. 69 17 17 17 17 17 17 17 17 17 17 17 17 17
		5 00 2 00 - 00 - 00
		9 - 0000 - 0000 - 0000
() Profit () NonProfit () Limited Liability of	() Amendment	H I STAN AND AND AND AND AND AND AND AND AND A
Foreign	() Dissolution/W	/ithdrawal () Mark
() Limited Partnership () Reinstatement	() Annual Repor () Reservation	() Change of R.A.
() Certified Copy	() Photo Copies	() Fictitious name Filing () CUS
() Call When Ready Walk In () Mail Out	() Call if Problem	After 4:30 Pick Up
Name Avallability	3/19	Di Da Cara de
Document Examiner	2111	PLEASE RETURN EXTRA COPIES FILE STAMPED
Jpdater		
Verlfier		्र <u>५</u>
Acknowledgment		
V.P. Verifier		5. 5.

CR2E031 (1-89)

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:

j	(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	State or country under the law of which it is incorporated) 3. applied for (Fill number, if applicable)
4	. JULY 12, 1993 (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
	Upon approval (Date first transacted business in Florida. (See sections 607.1501, 607.1502, AND 817.155, F.S.)
	PALM BEACH GARDENS, FLA 33410 (Current mailing address) (Current mailing address)
	(Current mailing address)
8.	such business as the Board of Directors may specify by resolution
9.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: CT Corporation System
	Office Address: 1200 South Pine Island Road
	Plantation , Florida , 33324 (Zip Code)
10	. Registered agent's acceptance: (Zip Code)
ail and	trying been named as registered agent and to accept service of process for the above stated reporation at the place designated in this application, I hereby accept the appointment as sistered agent and agree to act in this capacity. I farther agree to comply with the provisions of statutes relative to the proper and complete performance of no duties, and I am familiar with accept the obligations of my position as registered agent. John Musiers John Musiers Assistant Secretary
	Attached is a certificate of existence culy 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.

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: BODO SCHNABEL Address: 4400 PGA Boulevard, Suite 700 Palm Beach Gardens, FLA 33410 Vice Chairman: Address: ____ Director: Address: _____ Director: Address: _____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: BODO SCHNABEL Address: 4400 PGA Boulevard, Suite 700 Palm Beach Gardens, FLA 33410 Vice President: <u>INGRID SCHNABEL</u> Address: ____same as above Secretary: ____ INGRID SCHNABEL Address: __ same as above INGRID SCHNABEL Treasurer: Address: ____ same as above NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Bodo A. Schnabel Chairman
(Typed or printed name and capacity of person signing application)

Decretary of State Unsiness Information and Dervices Suite 315, West Tower 2 Martin Luther King Ir. Ar. Atlanta, Georgia 30334-1530

DOCKET NUMBER : 960460209
CONTROL NUMBER : 9316082
DATE INC/AUTH/FILED: 07/12/1993
JURISDICTION : GEORGIA
PRINT DATE : 02/15/1996
FORM NUMBER : 211

AMY EMERISON
GERRY FRIEND & SAPRONOV
3 RAVINIA DRIVE STE 1450
ATLANTA GA 30346

SECRETARY OF STATE
DIVISION OF CORPORATIONS

CERTIFICATE OF EXISTENCE

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

COMPORD, 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.

Jewis A. Massey

LEWIS A. MASSEY

SECRETARY OF STATE

