CORPORATE ACCESS, INC. 1116-D THOMASVILLE RD TALLAHASSEE, FL 32303 (904) 322-2666 Name City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document II) (Corporation Name) (Document #) Pick up time 5 Mail out ☐ Will wait - Photocopy Certificate of Status 400001825484 -05/16/96--01126--002 \*\*\*\*\*35.00 \*\*\*\*\*35.00 NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION 4 Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

CR2E031(1/95)

Examiner's Initials



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 14, 1906

CORPORATE ACCESS, INC.

SUBJECT: VALUE GROUP, INC. Ref. Number: W96000010260

We have received your document for VALUE GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the  $f_0$  lowing correction(s):

A brief description of the entity's nature of business must be included in the document.

"Profit" is not a sufficient purpose for line eight of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Jennifer Sindt **Document Examiner** 

Letter Number: 996A00023904

BIVISION OF CORPORATION

## 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:

	VALUE GROUP, INC.			
	(Name of corporation: must include words or abbreviations of like impo- natural person—or parinership if not	the word "INCORPORA" rt in language as will clear so contained in the name a	ED", "COMPANY","CORPORATION" or y Indicate that it is a corporation instead of a present.)	-
2.	GEORGTA	2	K0-2102010	
~.	(State or country under the law of w	hich it is incorporated)	58-2193019 (PBI number, if applicable)	-
4.	soptombor 15, 1995	5	PERPETUAL	
	(Date of Incorporation)		PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	•
6.	JANUARY 16, 1996	Blorida (Sturenovom 20	7.1501, 607.1502, AND 817.155, P.S.)	_
_	(Sure 1131 Hambartett Busiliess II	LIGHTH, (SBR SECTIONS OF	//.1501, 60/.1502, AND 817,155, P.S.)	_
7.	VALUE GROUP, INC.			. 2
	2160 KINGSTON COURT,	SUITE N, MARIETTA	, GEORGIA 30067	Sicre
		(Current mailing ad	dress)	25
8.	MOTEL OPERATION		వే. ట	999C
	(Purpose(s) of corporation authorized	ed in home state or country	to be carried out in the state of Florida 1	5.1
9.	Name and street address of Facceptable)	lorida registered age	nt: (P.O. Box or Mail Drop Box NOT	ानी -
9.		Florida registered age		िन
9.	Name: CARL M.		, 	्रांग इ.स.
9.	Name:CARL M. Office Address:	STEWART, ESQUIRE Ulmer, Murchison, 200 West Forsyth S	Ashby & Taylor Street, Suite 1600	िंग
	Name:CARL M. Office Address:	STEWART, ESQUIRE Ulmer, Murchison, 200 West Forsyth S Jacksonville	, 	
10.	Name:CARL M. Office Address: Registered agent's acceptant	STEWART, ESQUIRE Ulmer, Murchison, 200 West Forsyth s Jacksonville	Ashby & Taylor Street. Suite 1600  , Florida, 32201 (Zip Code)	
10. Ha cor reg all	Name:CARL M.  Office Address:  Registered agent's acceptant  ving been named as registere  rporation at the place design  istered agent and agree to act  statutes relative to the proper d accept the obligations of nyx p	Ulmer, Murchison, 200 West Forsyth S  Jacksonville  ce: d agent and to acceptated in this applicate in this capacity. I fur and complete perform to sition as registered a	Ashby & Taylor Street. Suite 1600  , Florida, 32201  (Zip Code)  of service of process for the above s ion, I hereby accept the appointmenther agree to comply with the provision ance of my duties, and I am familiar gent.	tated at as
10. Ha	Name:CARL M.  Office Address:  Registered agent's acceptant  ving been named as registere  rporation at the place design  istered agent and agree to act  statutes relative to the proper d accept the obligations of nyx p	Ulmer, Murchison, 200 West Forsyth S  Jacksonville  ce: d agent and to acceptated in this applicate in this capacity. I fur and complete perform to sition as registered a	Ashby & Taylor Street. Suite 1600  , Florida, 32201  (Zip Code)  of service of process for the above s ion, I hereby accept the appointmenther agree to comply with the provision ance of my duties, and I am familiar gent.	tated at as
10. Ha cor reg all and	Name:CARL M.  Office Address:  Registered agent's acceptant  ving been named as registere  reporation at the place design  fistered agent and agree to act  statutes relative to the proper  d accept the obligations of my p	Ulmer, Murchison, 200 West Forsyth S  Jacksonville  ce:  d agent and to accepted in this applicate in this applicate in this capacity. I fur and complete perform cosition as registered and the cost of the cost	Ashby & Taylor Street. Suite 1600  , Florida, 32201 (Zip Code)  of service of process for the above s ion, I hereby accept the appointmenther agree to comply with the provision ance of my duties, and I am familiar gent.  5/13/96	tated at as
10. Ha cor reg all and	Name:CARL M.  Office Address:  Registered agent's acceptance  ving been named as registere  reporation at the place design  istered agent and agree to act  statutes relative to the proper  d accept the obligations of my p	Ulmer, Murchison, 200 West Forsyth s  Jacksonville  ce:  Id agent and to accept ated in this applicate in this applicate in this capacity. I fur and complete perform a registered agent's significant in the constitution of the	Ashby & Taylor Street. Suite 1600  , Florida, 32201  (Zip Code)  of service of process for the above s ion, I hereby accept the appointmenther agree to comply with the provision ance of my duties, and I am familiar gent.	tated at as

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: \_\_\_\_\_ T. Jack Burt 2160 Kinguton Court Suite N Address: \_\_\_\_ Marietta, Gaurgia 30067 Vice Chairman: Address: Director: \_\_\_ T. Jack Burt Address: 2160 Kingston Court Suite N Mario tta, Georgia 30067 Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: T. Jack Hurt Address: 2160 Kingston Court Suito N Marietta, Georgia 30067 Vice President: Address: \_\_\_\_ Secretary: \_\_\_\_ Ruth Johnson Address: \_\_\_\_ 2160 Kinyston Court Suite N Marietta Coorgia 30067 Treasurer: \_\_ Roseanna S. Hurt Address: \_\_\_\_\_2160 Kingston Court Suite N Marietta, Georgia 30067 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)

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

14. Ruth Johnson, Secretary

## Recretary of State Unsiness Information and Service pocker humber

2 Martin Buther King Ir. Dr. Atlanta, Georgia 30334-1539 ADDRET HUMBER # 950860805 CONTROL HUMBER # 9528195 DATE INC/AUTH/FILED# 09/15/1995 JURISDICTION # GEORGIA PRINT DATE # 03/26/1996

PRINT DATE : 09/26/ FORM NUMBER : 0211

SUNTRUST BANK NORTHEAST GA, NA RUTH JOHNSON 2160 KINGSTON COURT, SUITE N MARIETTA, GA 30067

CERTIFICATE OF EXISTENCE

PH 3: 58

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

VALUE 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 abovenamed 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

LEWIS A. MASSEY

SECRETARY OF STATE