SUBJECT: Thomco Finance, 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: Michael R. Brown (Name of Person) Thomco Finance, Inc. (Firm/Company) 3715 Northside Pkwy., Bldg. 400, Ste. 650 (Address) 200001625642 -11/02/95--01003--005 *****78.75 ******78.75 Atlanta, Ga. 30327. (City, State and Zip Code) W95-21991 Should you need to call someone concerning this matter, please call: Michael R. Brown (Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

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

MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Dear Sir or Madam:

This will acknowledge your recent request for the form and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- 1. Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- 2. The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
 - 3. There is a \$70.00 registration fee.

A letter of acknowledgement will be issued free of charge upon registration. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

The transmittal letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the transmittal letter.

Any further inquiries concerning this matter should be directed to the Qualification/Tax Lien Section by calling (904) 487-6091 or writing-Qualification/Tax-Lien-Section, Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 6, 1995

MICHAEL R. BROWN % THOMCO FINANCE, INC. 3715 NORTHSIDE PKWY BLDG 400, STE 650 ATLANTA, GA 30327

SUBJECT: THOMCO FINANCE, INC.

Ref. Number: W95000021991

DIVISION OF COMPORATIONS

We have received your document for THOMCO FINANCE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 695A00049434

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SLUMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

2. State	Georgia or country under the la	awof which it is incorn	3. ,	58-1708635 { FEI number, if applicat		
4.	5-16-86	5.	Perpetual	i i ci ilullibel, ii applicat	7167	
	(Date of Incorporation			Year corp. will cease to ex	xist or "perpetua	וין
6,	Upon Qualification	<u>n'</u>			•	_ =
	first transacted busine	ss in Florida. (See sector	ns 607,1501, 60	7.1502, and 817.155, F.S.)	, 00	OC P
7	P 0 Box 723035		·		5	NAME OF THE PERSON NAME OF THE P
	Atlanta, Ga. 31139					သ ရ
		Current mailing addre	ss)			
١.	Premium Finance		•			
				ry to be carried out in the	state of Florida)	3
	me and street add		agistered :	•	state of Floridal	33 - i
	me and street add	iress of Fiorida re	agistered :	•	state of Florida)	3
	me and street add	iress of Fiorida re	agistered :	agent:	state of Florida)) 3
	me and street add	iress of Florida re Insurance Commis The Capital	agistered :	agent:	state of Fiorida) 32399-0300 (Zip Code)	
. Na	me and street add Name: . Office Address: _	iress of Fiorida re Insurance Commis The Capital Tallahassee	agistered :	agent:	state of Floridal*	
. Na O. Ro aving	me and street add Name: Office Address: egistered agent's been named as re	Insurance Commis The Capital Tallahassee acceptance:	egistered	agent:, Florida ,	32399-0300 (Zip Code)	etator
O. Relaving	me and street add Name: Office Address: egistered agent's been named as re ation at the place red agent and agre	Insurance Commis The Capital Tallahassee acceptance: egistered agent and designated in this eto act in this capital commis	agistered assignment of to accept application acity. I furnished perfect of the p	service of process for, I hereby accept to	32399-0300 (Zip Code) or the above some appointments	stated
0. Ro laving orpora egister fall st	me and street add Name: Office Address: egistered agent's been named as relation at the place red agent and agre-	Insurance Commis The Capital Tallahassee acceptance: egistered agent and designated in this eto act in this capital commis	agistered asioner at to accept application acity. I fun applete perform as regist	service of process for, I hereby accept to	32399-0300 (Zip Code) or the above some appointments	stated

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.

SECRETARY OF STATE

Becretary of State and Services

Motevals, West Comer Andrick Kirier King Ir. Dr. Angung Cappels 30334-1530

RILEY DARNELL SECRETARY OF STATE DOCKET NUMBER : 952210125
CONTROL NUMBER : 8607775
DATE INC/AUTH/FILED: 05/16/1986
JURISDICTION : GEORGIA
PRINT DATE : 08/09/1995
FORM NUMBER : 211

THOMGO FINANCE, INC./MICHAEL R BROWN P-O BOX 723035 ATLANTA GA 31139

SHAY 29 PH 12: 2

CERTIFICATE OF EXISTENCE

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

THOMCO FINANCE, INC.

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 Clotal

MAX CLELAND SECRETARY OF STATE

