# F96000002909

#### TRANSMITTAL LETTER

| TO: | QUALIFICATION/TAX LIEN        | SECTION |
|-----|-------------------------------|---------|
|     | <b>DIVISION OF CORPORATIO</b> | NS      |

7010011176142517 -04/17796--01079--008 \*\*\*\*\*78.75

SUBJECT: South Georgia Thuestments, 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:

Mes. Gifte Goodeum

(Name of Peison)

So. Garaja Invostments Inc

(Firm/Cowlpany)

757. S.F. 17th st. Suite 233

(Address)

Ft. laudeclale FC 33316

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Gitte Goodeum at (200) 373 - 76 36.

(Name of Person) Area Code & Daytime Telephone Number

**COURIER ADDRESS:** 

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 SECRETARY OF STATE DIVISION OF CORPORATIONS

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

April 18, 1996

GITTE GOODRUM SOUTH GEORGIA INVESTMENTS, INC. 757 SE 17TH ST, SUITE 233 FT LAUDERDALE, FL 33316

SUBJECT: SOUTH GEORGIA INVESTMENTS, INC.

Ref. Number: W96000008328

We have received your document for SOUTH GEORGIA INVESTMENTS, 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):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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 filling 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.)

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

Please be advised that this office requires that a foreign corporation submit a "certificate of good standing" issued from the Georgia Secretary of State attesting to the corporation's status, as opposed to the "certified copy of the certificate of incorporation" that was submitted. Please contact the Georgia Secretary of State at 404 656-2817 to request a certificate of good standing.

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) 487-6092.

Hart Collins Senior Corporate Section Administrator

Letter Number: 296A00018128

## 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:

| STATE OF FLORIDA:   |
|---|
| 1. South Georgia Lnuestmonts Tuc.  (Name of corporation: must include the world "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. Delaware (State or country under the law of which it is incorporated)  3. Capplical (FEI number, if applicable)  |
| 4. November 34, 1993 5. Perpetual  (Date of Incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  6. Upon Out of Control  (Date first transacted business in Florida. (See sections 607.1502, AND 817.155, F.S.)   |
| (Date first transacted business in Florida. (See sections 607.1501, 607.1502, AND 817.155, F.S.)  7. 454 S.E. 144 St. #233  |
| Ft. lauderdale, FL 33316  The corporation is cuthoused to do all lawful  8. business. Capacition is current becaused in Investments.  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of  |
| (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: Gitte Goodeum   |
| Office Address: $\frac{757}{157}$ S.E. $\frac{17}{17}$ S.E. $17$ |
| 10. Registered agent's acceptance:  |
| Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of 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.  (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   |

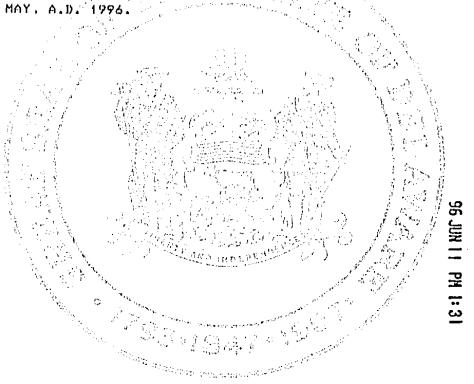
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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Address: Vice Chairman: Address: Director: Address: Director: Address: \_ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Vice President: Address: Secretary: Address: Treasurer: Address: 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)

### State of Delaware

#### Office of the Secretary of State

I. EDWARD J. FREEL. SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY \*SOUTH GEORGIA INVESTMENTS, INC.\* IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW; AS OF THE SEVENTEENTH DAY OF



Edward J. Freel, Secretary of State

AUTHENTICATION:

7950259

960143632

DATE:

05-17-96

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