TRANSMITTAL LETTER i TO: Qualification/Tax Lien Section **Division of Corporations** BRRONATION OUTHLA SUBJECT: (Name of corporation - must include suffix) 16 08/27/96--01129 75 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:



## **COURIER ADDRESS:**

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

ORDUTA 717A-L OUTHLAND 1. (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.) 5801718450 JEORGIA 2. 3. State or country under the law of which it is incorporated) (FEI number, if applicable) 2-20-8 Kerpe NAL. (Duration: Year corp. will cease to exist or "perpetuat") (Date of Incorporation) LIP كنك transacted business JÐ Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) 7. 32963 RIDA (Current mailing address) ONSULTING 8. (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)

## 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)

 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.

Chairman: <u>WILLIAM G. BECKER</u> Address: <u>BHL SandFhy LANE</u> <u>Vero Becch Floriba</u> 32963 Vice Chairman: <u>NA</u> Address: Director: <u>NA</u> Address: <u>Director: NA</u> B. OFFICERS (Street address only-P. O. Box NOT acceptable) President: <u>WILLIAM G. BECKER</u> Address: <u>BH6 SANDFLY Lane</u> <u>Vero Beach Floriba</u> 32963 Vice President: <u>HAL</u> <u>Niebmick</u>	
Vero Becch Huriba 32963 Vice Chairman: <u>NA</u> Address: Director: <u>NA</u> Address: Director: <u>NA</u> Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: <u>WILLIAM</u> <u>G. Becker</u> Address: <u>B46</u> <u>SawDFLy</u> <u>Lane</u> <u>Vero Beach</u> <u>FlorIDA</u> 32963 Vice President: <u>HAL</u> <u>Niebawck</u>	
Vero Beuch Hariba 32963 Vice Chairman: <u>NA</u> Address: Director: <u>NA</u> Address: Director: <u>NA</u> Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: <u>WILLIAM</u> <u>G. Becker</u> Address: <u>BU6 SANDFLY Lane</u> <u>Vero Beach Florida 32963</u> Vice President: <u>HAL</u> Niebanck	
Address: Director: <u>NA</u> Address: Director: <u>NA</u> Address: <b>B. OFFICERS (Street address only- P. O. Box NOT acceptable)</b> President: <u>WILLIAM G. Becker</u> Address: <u>B46 SANDFLY Lane</u> <u>Vero Beach FlorIDA 32963</u> Vice President: <u>HAL Niebanck</u>	
Director: $N A$ Address: Director: $N A$ Address: <b>B. OFFICERS (Street address only- P. O. Box NOT acceptable)</b> President: $WILLIAM G. Becker President: WILLIAM G. Becker Address: B46 SANDFLY LaneVerb Beach Florida 32963Vice President: HAL NIEbanck$	
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Director: NA Address: B. OFFICERS (Street address only-P. O. Box NOT acceptable) President: WILLIAM G. Becker Address: B46 SANDFLY Lane Verb Beach Florida 32963 Vice President: HAL NEEDANCK	
Address: B. OFFICERS (Street address only-P. O. Box NOT acceptable) President: WILLIAM G. BECKER Address: <u>B46</u> SANDFLY Lane <u>Verb Beach Florida 32963</u> Vice President: <u>HAL NEEDANCK</u>	
B. OFFICERS (Street address only P. O. Box NOT acceptable) President: WILLIAM G. BECKER Address: <u>846</u> SANDFLY Lane <u>Vero Beach Florida 32963</u> Vice President: <u>HAL</u> NIEDANCK	
President: WILLIAM G. BECKER Address: <u>846</u> SANDFLY Lane <u>Verb Beach Florida 32963</u> Vice President: <u>HAL Niebanck</u>	
President: WILLIAM G. BECKER Address: <u>B46</u> SANDFLY Lane <u>Verb Beach Florida 32963</u> Vice President: <u>HAL Niebanck</u>	
Address: <u>B46</u> SANDFLY Lane. <u>Vero Beach Florida 32963</u> Vice President: <u>HAL Niebawck</u>	
Vero Beach Florida 32963 Vice President: HAL Niebawck	
Vice President: HAL NEEDAWCK	
Address: 2740 Carmon on Wesley	
Atlanta GA 20327	
Secretary: WILLIAM Becker	
Address:	
Treasurer: William Becker	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing ad	ditio
officers and/or directors.	
13.	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	
14. WILLIAM G. Becker, President	licatio

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Secretary of State

Business Information and Pervices Suite 315, West Tower

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A	Atlanta,	Georgia	3033	4-15	130

DOCKET NUMBER :	962220763
CONTROL NUMBER 1	8707 32
DATE INC/AUTH/FILED:	02/26/1987
JURISDICTION :	GEORGIA
PRINT DATE :	08/09/1996
FORM NUMBER :	211

WILLIAM BECKER 2740 CARMON ON WESLEY ATLANTA GA 30327

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#### CERTIFICATE OF EXISTENCE

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

#### SOUTHLAND CAPITAL CORPORATION 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.

Tenin a. Masse LEWIS A. MASSEY

SECRETARY OF STATE

