

TIME REQUESTED: 13:15:49 DATE REQUESTED: 08/26/1996 CERTIFICATE OF STATUS: 0 CERTIFIED COPIES: 0 METHOD OF DELIVERY: FAX NUMBER OF PAGES: 3 ACCOUNT NUMBER: ESTIMATED CHARGE: \$70.00 075350000353 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H96000011907))) \*\* ENTER 'M' FOR MENU. \*\*

FAX AUDIT NUMBER: H96000011907

ENTER SELECTION AND <CR>:

RECEIVED
SAMEZS PH HAZ
COMOTONICATOR

SECRETARY OF STATE OF CONTROLS 12

CURRENT STATUS: REQUESTED

TO:FLORIDA SOS

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Hecretary of State

August 26, 1996

XL CORP & RESEARCH

BUBJECT: NAI, INC. REF: W96000017894

8 လု

PRIGE 101

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarise affidavit executed as required by section 607.0120, 617.01201, 608.51 5 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity. the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to onsure proper handling.

If you have any questions about the availability of a particular name please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 50 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, places call (904) 487-6937.

Jerri Weinmann Staff Assistant

PAX Aud. #: H96000011907 Latter Number: 796A00040393

SHOUNDED BOOK OF THE PROPERTY OF

24:7 HA OE BUY 39

## RESULUTION OF BOARD OF DIRECTORS

(Piense print er (1790)	98	OIVE
	96 JUG 30	
	30	
I, the undersigned Donna Killeles do lesely		≯gen E
that this Resolution of the Search of Directors of	<del>(2</del>	STATE
(Corporate Manag		-
a corporation duly organised and existing under the lows of the State of		., •
was duly edepted on August 29.	<u>9</u> 6	•
De it resolved, that NAT , INC .		•
Ofganities and entering in the Arese of flavor 1 &, hereby adopte the		·•
NEW AMERICAN ENKS, THC, for use in Fi	ja, l	4.
omo: 8/08/96		
Dona Killelea		
Donna Killelea		

mme it a final discount

Marietta, GA

30064

H9600001190 7

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

	IN COMPLIA MITTED TO TION TO CO	NCE WITH SECTION 617,1503, FLORIDA REGISTER A FOREIGN NOT FOR PROFIT NDUCT ITS AFFAIRS IN THE STATE OF	A STATUTES, THE FOLLOV I CORPORATION FOR AUT FLORIDA:	VING IS THOI IS	S SUB- ZA-
	1	NAI, INC.	· <b>f</b> i		
	(Name of c words or abb instead of a r	corporation: must include the word "INCO previations of like import in language as with atural person or partnership if not so contact the contact in the co	RPORATED* or "CORPORA ill clearly Indicate that it is a stained in the name at press	VTIOrii corpor unt.)	or ration
	2	Georgia			띧
	(5	State or country under the laws of which it	t is incorporated)	7.8	558
	3. July 5,	1995	4. Perpetual	E SUF	显置
	(Date of	incorporation)	(Duration)		
	5.	58-2151515		339	잃음
	<u></u>	(Federal Employer Identification nu	ımber, if applicable)	- <del></del>	FSIA
	6.	September 1, 1996		60	្រូក
B1t		ition first conducted affairs in Florida. See	sections 617.1501, 617.15	i02, .: 1	d "
) det	7. 7110 Oa	k Ridge Parkway, Suite 190, Austell,	GA 30001		
P E		(Current mailing address)	)		<del></del>
Ex					
<u>[</u>	Q	le supplier of ink			<u> </u>
BlumbergExcelsior	(Purpose(s) o Florida)	corporation authorized in home state or	country to be carried out in	the st	ate of
62	9. Names and	addresses of officers and/or directors:	and the		
White	A. Directo	ra:			
<u> </u>	Chairman:	Donna Killelea	•		
e St	Address:	1184 Larson Lane			
	•	Marietta, GA 30064	<del></del>		<b>—</b>
	•			"	<del></del>
YYN	Vice Chairmar	Noel Strauss			
Ϋ́N	Address:	1184 Larson Lane		<del></del>	
-		Marietta, GA 30064			
10013	•			,, <del>,,,,</del>	
	Director: _	Donna Killelea			
Н96	Address:	1184 Larson Lare	·		-
00	-	Marietta, GA 30064			<del></del>
001	-	20004		·	_
H96000011907	Director:	Noel Strauss			<u>.</u>
07	Address:	1184 Larson Lane			

President:	Downe Killelea	
Address	1184 Carson Lane	
·	Morietta, GA 30064	
Vice President:	Noel Strauss	
Address:	1184 Largon Lane	************
••••	Marietta, GA 30064	
Sucretary:	Noel Strauss	}
Address:	1184 Largon Lane	
	Morietta, GA 30064	
Tressurer:	Next decrees	
Address:	Noel Straums 1184 Larson Lane	
	Marietta, GA 30064	
10. Name and t	ay attach an addendum to the application itrest address of Florida registered ag Name: <u>BlumbergExcelsion Corporate</u>	ent:
directors.)	itrent address of Florida registered ap Name: <u>BlumbergEkoplaior Corporate</u> dress: <u>4415 Old Winter Garden Road</u>	ent: Services, Inc.
10. Name and t	itrent address of Florida registered ap Name: <u>pjunbarokkoplaior Corporate</u>	ent:
10. Name and to 'Office Act	Name: <u>BlumbergExcelsior Corporate</u> dress: <u>4415 Old Winter Gerden Road</u> Orlando	sent: Services, Inc. ,Florids 32811 Zip Code
10. Name and 1 'Office Ad  11. Registered: Having bee stated or appration as regiliered ager provisions of all streets.	itrest address of Florida registered ag Name: <u>BlumbergExcelsior Corporate</u> dress: <u>4415 Old Winter Garden Road</u> Orlando	Services, Inc.  Services, Inc.  Florids  Zip Code  pt service of process for the in, I hereby accept the appoint the process for the process for the service of one of the code.
10. Name and 1  'Office Ad  11. Registered a  Having bee stated a proporations of all state am familiar with an Registered a	Name: BlumbergExcelsion Corporate dress: 4415 Old Winter Garden Road Orlando  agent's acceptance: In named as registered agent and to accept the place designated in this application and agree to act in this capacity. I furtifultes relative to the proper and completed accept the obligations of my position agent's signature:  MARC D. Mocil	Florida 12811 Zip Code  spt service of process for the in, I hereby accept the appoint rigree to comply with the approximance of my duties, a registered agent.  Assistant Secretary
10. Name and 1  10. Name and 1  11. Registered : Having bee stated a imporation as regionered ager provisions of all state maniflar with an Registered :  12. Attached is a	Name: BlumbergExcelsion Corporate dress: 4415 Old Winter Garden Road Orlando  agent's acceptance: In named as registered agent and to accept the place designated in this application at the place to act in this capacity. I furtifultes relative to the proper and completed accept the obligations of my position agent's signature:	Florida 32811 Zip Code  spt service of process for the in, I hereby accept the appoint rigree to comply with the approximance of my duties, a registered agent.  Assistant Secretary
10. Name and 1  'Office Ac  'Office Ac  11. Registered a Having bee stated a approvisions of all state and familiar with an Registered all the delivery of this apphaving custody of the control of the c	Name: BlumbergExcelsion Corporate dress: 4415 Old Winter Garden Road Orlando  agent's acceptance: In named as registered agent and to accept the place designated in this application at the place to act in this capacity. I furtifultes relative to the proper and completed accept the obligations of my position agent's signature:  MARC D. Mocilicate of existence duly authenticate.	Florida 12811 Zip Code  spt service of process for the spt service of my duties, a registered agent.  Assistant Secretary  f. not more than 90 days pre Sucretary of State or other the law of which it is incortant the law of which it is incortant to the law of w

BlumbergExcelsior 62 White Street New York, NY 10013 H96000011967 Secretary of State
Business Information and Services
Suite 315, West Cower
2 Martin Auther King Ir. Dr.
Atlanta, Georgia 30334–1530

DOCKET NUMBER : 962360822 CONTROL NUMBER : 9519845 DATE INC/AUTH/FILED: 07/05/1995 JURISDICTION : GEORGIA PRINT DATE : 00/23/1996 FORM NUMBER : 0211

LIBERTY CORPORATE SERVICES, INC. JEFF WAUGH 3998 ASHFORD-DUNWOODY ROAD ATLANTA, GA 30319

SECRETARY OF SIZE

ON THE SECRETARY OF SIZE

## CERTIFICATE OF EXISTENCE

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

## NAI, 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 busines; in this state.



Lewis G. Marry

Lewis A. Massay Sacretary of State