TO: Qualification/Tax Lien Section 100001567571 -10/08/96--01095--002 *****78.75 *****78.75 **Division of Corporations** ATLANTIC MANAGEMENT CONTRA INCOR SUBJECT: 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:

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

COURIER ADDRESS:

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

MAILING ADDRESS:

Oualification/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

| 1. | ATLANTIC MANAGEMENT CENTER INC |
|-------------|---|
| | (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.) |
| _ | |
| 2. | (State or country under the law of which it is incorporated) (Pill number, if applicable) |
| | |
| 4, | (Date of Incorporation) 5. Perpelval (Duration: Year corp. will cease to exilter the perpetual") |
| | |
| 6. | (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155. P.S.) |
| 7 | 1/191 . 1 // |
| ,, | 1901 N. BLAUCUGTARD STREET, CUITE 503 |
| | ALEXANDRA, VA 22311 (Current mailing address) |
| | |
| 8 | (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) |
| | (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 |
| | Name: POS: JOHNSON |
| | Office Address: 11006 CITRON COURT |
| | Registered agent's accordance: (Zip Code) |
| 10. | Registered agent's acceptance: (Zip Code) |
| | ing heen named as resistant assure and |

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 incorporated.

Commission of the solution



State Corporation Commission

I Certify the Vollowing from the Records of the Commission:

ATLANTIC MANAGEMENT CENTER, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is January 10, 1984.

Nothing more is hereby certified.

DIVISION OF CORPORATIONS
95 OCT -7 PM 2:55



Signed and Sealed at Richmond on this Bate: September 23, 1996

William J. Bridge, Clerk of the Commession