# F96000005427

TO:	Qualification/Tax Lien Section Division of Corporations	∯ code o ∫ c	<b>40000198</b> 0 -10/18/96 *****70.00	01061005
SUBJ	BCT: William Langer Acto	on - must include suff	replaced of The Souther	1
Dear :	Sir or Madam:			
The confidence of the confiden	nclosed "Application by Foreign Corpora a", "Certificate of Existence", and check n corporation to transact business in Fior	ition for Authoriza are submitted to n ida.	ation to Transact Business i egister the above reference	n d
Please	return all correspondence concerning th	is matter to the fol	llowing:	
	- Robert (Name	Buck of Person)		
	Willian Langer & As	Voctober Facomer	wated of The Souther	ut
	P.O. Box			OD 96 CCI
	<u>Cumming</u>	Ga 3013 State/Zip)		FILED SIAII OF CORPORATION IN LETARY OF SIAII
Should	d you need to call someone concerning th	nis matter, please c	call:	See See
	Name of Person)	at <u>( Чо</u> (Area	Code & Daytime Telephone Nu	mber)

#### **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:

1.	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instead natural person or partnership if not so contained in the name at present.)	or of a	<b>-</b>
	(State or country under the law of which it is incorporated)  (Fill number, if applicable)		·-
4.	(Date of Incorporation)  5.	ut oe	. 1
6.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	مِي	_ DE
7.	P.O. BOX 263	<u>-5</u>	-555 555
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)  P. O. Box 263  Cumming Ga 30128  (Castent mailing address)	811	N CF CO
	(Confent mailing address)	20	929
8	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	4:47	STATE
	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)	100	iñ
	Name: Philip Culliva		
	Office Address: 1331 Re Nemerice BIVI  Tackronu'lle , Florida, 32211  Registered agent's acceptance: (Zip Code)		
	Jacksonville, Florida, 32211		
10.	Registered agent's acceptance: (Zip Code)		
reg all	twing been named as registered agent and to accept service of process for the absorption at the place designated in this application, I hereby accept the appoint istered agent and agree to act in this capacity. I further agree to comply with the prostatutes relative to the proper and complete performance of my duties, and I am fand accept the obligations of my position as registered agent.  (Registered agent's signature)	ntme	nt as
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	'	

incorporated.

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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) Chairman: \_ Address: \_ Vice Chairman: \_\_\_ Address: Director: \_ Address: \_\_ Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: L Address: \_\_\_\_ Vice President: Address: \_ Secretary: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Vice Chairman, or any officer listed in number 12 of the application)

bert Buck Treasurer
(Typed or printed name and capacity of person signing application)

Secretary of State Business Information and Services Suite 315, West Comer 2 Martin Unther King Ir. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER | 962710077 CONTROL NUMBER | 8302400 DATE INC/AUTH/FILED: 02/28/1983 JURISDICTION : GEORGIA PRINT DATE | 09/27/1996 FORM NUMBER : 211

BOB BUCK POB 263 CUMMING GA 30128 SECRETARY OF STATE
DIVISION OF CORPORATIONS

#### CERTIFICATE OF EXISTENCE

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

WILLIAM LANGER'S ASSOCIATES, INC. OF THE SOUTHEAST

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.

LEWIS A. MASSEY
SECRETARY OF STATE