### XO 6210 5 Anta Rosa Beach Fla 32959 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): GTM Sequices Inc. DBA. LA CociNA (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time Walk in Will wait Photocopy Certificate of Status Mail out NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director RECEIVED 96 NOV 27 MI II: 55 DIVISION OF CORPORATION **Limited Liability** Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name

Limited Partnership

Reinstatement Trademark Other

Examiner's Initials

Name Reservation

# 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. G.T.M Services 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.)	חנ
2. <u>Georgia</u> 3. <u>58-2236770</u>	
(State or country under the law of which it is incorporated) FEI number, if applicable)	•
4 3//3/96 5 PERDETUAL	
(Date of Incurporation) (Duration: Year corp! will cease to exist or "perpetual")	
(Date first transacted business in Florida, (See sections 607,1501, 607,1502, and 817,165, F.S.)	<b></b>
	25
7. 61 BAYSTAR LAWE.	<u> </u>
- SAWER ROSH Beach, Fla. 32449 3	급
(Current mailing address)	34
8. Restus +	325
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floridal)	H.
Q Name and address and a second a second and	;
9. Name and street address of Florida registered agent:	
Name: Janes Taul Myers Jr	
Office Address: 67 Ray Star Jane	
Santo Your Smich , Florida, 3245	
(Zip Code)	- ,
10. Registered ageஎஸ் acceptance:	
Having been named as registered agent and to accept service of process for the above state	ed
Curpuration at the Diage designated in this application. I hereby accept the appointment	~~
registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relative to the proper and complete performance of my duties, and I am familiate to the proper and complete performance of my duties, and I am familiate to the proper and complete performance of my duties, and I am familiate to the proper and complete performance of my duties, and I am familiate to the proper and complete performance of my duties, and I am familiate to the proper and complete performance of my duties, and I am familiate to the proper and complete performance of my duties, and I am familiate to the proper and complete performance of my duties, and I am familiate to the proper and complete performance of my duties, and I am familiate to the proper and complete performance of my duties, and I am familiate to the proper and complete performance of my duties, and I am familiate to the proper and complete performance of my duties, and I am familiate to the proper and complete performance of my duties, and I am familiate to the proper and complete performance of my duties, and I am familiate to the proper and complete performance of my duties, and I am familiate to the proper and complete performance of my duties.	~~
with and accept the obligations of my position as registered agent.	ur
	:
from Mark	• *
(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 offic having custody of corporate records in the jurisdiction under the law of which it is incorporate	lei

12. Name addr	s and	address	ses of o	fficers and Tacceptabl	d/or dir	ectors: (S	treet
				only- P. O			
Chairman:		Rula	h N	INLERE	2 M		,
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Vice Chair							·
Address: _	·						ŀ
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Director:							
Director:							
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Vice Presid	dent:						
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Address:		57 B	my sta	e L MI	14		
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NOTE: If n listing add	ecessa litiona	ry, you made of the contract o	may attachers and/o	n an addend r directors	lum to th	e applica	tion
13. (Signa	ture 61	Chairman,	Vice Chai	such or any	officer 13	sted in nu	mba=
14. (Typed	Raj	nh hted name	MALER	fman, or any plication)		i nu	

# Secretary of State Musiness Information and Services Suite 315, West Tower 2 Martin Author King Ir. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER | 963310689 CONTROL NUMBER | 9609823 DATE INC/AUTH/FILED | 03/15/1996 JURISDICTION | GEORGIA PRINT DATE | 11/26/1996 FORM NUMBER | 0211

RALPH MALERBA 3160 CHIMNEY RIDGE DRIVE WEST SNELLVILLE, GA 30278

#### CERTIFICATE OF EXISTENCE

RETARY OF STA N OF CORPORAL N 27 PH 12:

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

## GTM SERVICES, 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 business in this state.



Lewis 4. Massey

Lewis A. Massey Secretary of State