

F96000006694

TODD A. STERZOY
Holland and Knight

(Requestor's Name)
315 South Calhoun Street Suite 600
(Address)
Tallahassee, Florida 32302
(City, State, Zip) (Phone #)
425-5625

OFFICE USE ONLY

000002035290--2
-12/20/96--01053--016
2082.50 *122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Culley / S.C., Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 4:00
☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

9012/20
96 DEC 21 PM 1:55
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☒	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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96 DEC 20 PM 1:05
DIVISION OF CORPORATION

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. Luling/SCC, 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. Georgia
(State or country under the law of which it is incorporated)
3. 72-1293486
(FEI number, if applicable)
4. 5/31/74
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 5/76
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 607.155, F.S.))
7. 3050 North Horseshoe Drive, Suite 260
Naples FL 33942
(Current mailing address)
8. Healthcare Business
(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:
Name: CT Corporation System
Office Address: 1200 S. Pine Island Road
Plantation, Florida, 33324
(Zip Code)

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.

Connie Bryan
(Registered agent's signature)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

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.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Director: Gary W. Singleton
 Address: 3050 N. Horseshoe Drive, Suite 260
Naples, FL 33942

Director: William T. Krystopowicz
 Address: 3050 N. Horseshoe Drive, Suite 260
Naples, FL 33942

Director: David H. Faler
 Address: 3050 N. Horseshoe Drive, Suite 260
Naples, FL 33942

Director: _____
 Address: _____

B. OFFICERS

President: Gary W. Singleton
 Address: 3050 N. Horseshoe Drive, Suite 260
Naples, FL 33942

Vice President: David H. Faler
 Address: 3050 N. Horseshoe Drive, Suite 260
Naples, FL 33942

Secretary: William T. Krystopowicz
 Address: 3050 N. Horseshoe Drive, Suite 260
Naples, FL 33942

Treasurer: Timothy Trybus
 Address: 3050 N. Horseshoe Drive, Suite 260
Naples, FL 33942

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Timothy Trybus V.P. Treasurer
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. TIMOTHY T. TRYBUS
 (Typed or printed name and capacity of person signing application)

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Secretary of State
Business Information and Services
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 963850837
CONTROL NUMBER : 9413903
DATE INC/AUTH/FILED : 05/31/1994
JURISDICTION : GEORGIA
PRINT DATE : 12/20/1996
FORM NUMBER : 0211

CSC NETWORKS
KEVIN G. JOHNSON
100 PEACHTREE STREET, STE 660
ATLANTA, GA 30303

CERTIFICATE OF EXISTENCE

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

LULING/SCJ, 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 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

Lewis A. Massey
Secretary of State