HOLLAND & KNIGHT

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Tallahassee Fluria 37.00

City/State/Zip Phone #

224-7000

HOLLAND & KNIGHT

Sequestor's Name

Addres

City/State/Zip Phone #

224-7000

Office Use Only

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CORPORATION N	AMŒ(S) & DOCUI	VIENT NUMBI	ER(S), (if know	n):	P11/13	
1. Omnicorp	Resources ration Name)	Inc. (Docum	ment #)	·	DIVISION 5	
2(Corpo	ration Name)	(Досш	ment #)	· · · · · · · · · · · · · · · · · · ·		
3(Corpo	ration Name)	(Docu	ment #)	<u> </u>		-
4. <u>(Corpo</u>	ration Name)	(Docu	rment#)	ECTION CO. C.		
⊠Walk in ⊠	Pick up time	00 Photocopy	Certified Certificate	Copy Signal Copy		
NEW FILINGS	AMENDME				3 3	
Profit	Amendment  Pesignation of R	.A., Officer/ Directo	le	ase til	e Ist	
NonProfit Limited Liability	Change of Regist		We. n	eed the	se back	
Domestication	Dissolution/With	drawal	-NSA	)p fo	se back ra Clos	sin8
Other	Merger	ente in automotivo.	- Today	Tha	ut You.	
OTHER FILINGS  Annual Report	REGISTR QUALIFIC					
Fictitious Name	Foreign  Limited Partners	hip				
Name Reservation	Reinstatement		-			
	Trademark		-			
	Other					

Examiner's Initials

### TRANSMITTAL LETTER

	ification/Tax Lien Section ion of Corporations		
SUBJECT: _	Omnicorp Resources, Inc. (Name of corporation - m	ust include suffix)	
Dear Sir or N	Aadam:		
Florida", "Ce	l "Application by Foreign Corporation for extificate of Existence", and check are so pration to transact business in Florida.	for Authorization to Transact Bubmitted to register the above re	usiness in eferenced
Please return	all correspondence concerning this ma	tter to the following:	
	Mary Beth McCormick		., 9
	(Name of Pe	erson)	- 37 X
	Holland & Knight LLP		DIVISION OF 13
	(Firm/Com	pany)	
	1201 West Peachtree Stre		DVISION OF THE PARTY OF
	Atlanta, Georgia 30309-3	400	100 F
	(City/State/	Zip)	_
Should you r	need to call someone concerning this ma	atter, please call:	
Mary Bet	h McCormick	at ( - 404 ) 898-	8159
(Name	e of Person)	(Area Code & Daytime Tel	
COURIER	ADDRESS:	MAILING ADDRESS:	
Qualification Division of C 409 E. Gaine Tallahassee,	es Št	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:

natural person or partnership if a	not so contained in the na	ume at pres	ent.)		
Georgia		3	58-2105436		
(State or country under the law o	f which it is incorporated	)	(FEI nur	nber, if applica	ble)
April 5, 1995		5.	Perpetual		
(Date of Incorporation)		(Dura	ution: Year corp. w "perpetual")	ill cease to exi	st or
November 13, 1997					. 6 Mg
(Date first transacted busines	ss in Florida. (SEE SECTIO	NS 607.150	1, 607.1502, AND	817.155, F.S.)	A 20
6640 Powers Ferry 1	Road, Suite 200				
					ယ ္မ်ာ္မ်
Atlanta, Georgia 3	0339				
	(Current mailir	ig address)			- 3-40 - 3-40
					2 25
To act as a general pa				-	-
(Purpose(s) of corporation auth	orized in home state or c	ountry to b	e carried out in the	state of Florid	9)
Name and street address o acceptable)	f Florida registered	agent: (	P.O. Box or Ma	il Drop Box	<u>NOT</u>
Name:	C T Corporation	System	····		
Office Address:	1200 South Pine	Island	Road		
	Plantation		, Florida,	33324	
				(Zip Code)	

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 ugree 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)

Allan P. Farnell, Asst. 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.

SECRETARY OF STATE

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) Charlett Barry T. Conway 6640 Powers Ferry Road, Suite 200 Atlanta, Ceorgia 30339 Director

WKXXWAMMAN: Albert L. Scott 6640 Powers Ferry Road, Suite 200 Address: \_\_\_ Atlanta, Georgia 30339 Director: Allen J. Brock 6640 Powers Ferry Road, Suite 200 Address: \_\_\_\_ Atlanta, Georgia 30339 Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) Barry L. Conway President: 6640 Powers Ferry Road, Suite 200 Address: Atlanta, Georgia 30339 Vice President: \_\_Albert L. Scott 6640 Powers Ferry Road, Suite 200 Address: \_\_ Atlanta, Georgia 30339 Flora D. Perkins Secretary: 6640 Powers Ferry Road, Suite 200 Address: Atlanta, Georgia 30339 Treasurer: Allen J. Brock 6640 Powers Ferry Road, Suite 200 Address: Atlanta, Georgia 30339 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13, (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Albert L. Scott, VicerPresident (Typed or printed name and capacity of person signing application)

## · Secretary of State

Corporations Bivision Suite 315, West Tower 2 Martin Tuther King Ir. Br. Atlanta, Georgia 30334–1530 DOCKET NUMBER : 973160175
CONTROL NUMBER : 9408973
DATE INC/AUTH/FILED: 04/05/1994
JURISDICTION : GEORGIA
PRINT DATE : 11/12/1997

FORM NUMBER : 211

HOLLAND & KNIGHT
MARY BETH MCCORMICK
1201 WEST PEACHTREE ST., SUITE 2000
ATLANTA, GA 303093400

# DIVISION OF DIPPERATEUR

#### CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# OMNICORP RESOURCES, 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 G. Massey

Lewis A. Massey Secretary of State