TO: QUALIFICATION/TAX LIEN SECTION

DIVISION OF CORPORATIONS
SUBJECT: AMSOUTH INC. (Name of corporation - must include suffix)
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:
Dana   S.   Lewis   (Name of Person)   200002569702-8   -05/23/98-01073-004   *****78.75   2818   CARNES   P.   (Address)     Tones boro (state and Zip Code)   1/1
Should you need to call someone concerning this matter, please call:    Down   R   F   W   S   at (   Y   W   W   W   W   W   W   W   W   W

#### **COURIER ADDRESS:**

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

### MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee; FL 32314

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Down A. LEWIS, do hereby certify
that this Resolution of the Board of Directors of AMSOUTH, INC.
(Corporate Name)
a corporation duly organized and existing under the laws of the State of,
was duly adopted on 23 June , 19 98.
Be it resolved, that AMSOUTH, INC. (Corporate Name)
organized and existing in the State of, hereby adopts the name
AMSOUTH U.S. A TWC for use in Florida.
Dated: 6-23-98  Dated: 6-23-98  ALLAH 23 PH 12: 8  Signature of either Chairman, Vice Chairman or any officer  Table 10 State 10
Dosa Direction Report Type or print name

INHS19(4/96)

# 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. (Ñ ab or	AMSOUTH TWO.  ame of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or obreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person partnership if not so contained in the name at present.)	
2 (S <sup>.</sup>	tate or country under the law of which it is incorporated)  3. 59 330 5 205  (FEI number, if applicable)  12-24-94  5. Pen be Tura	
6	(Date of Incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  (Date of Incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  (Date of Incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  (Date of Incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  (Date of Incorporation)  (Date of Incorporation)  (Date of Incorporation)  (Date of Incorporation)	3
8	Current mailing address)  Roff  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floridal.	- π Ο
9.	Name and street address of Florida registered agent:  Name: FRANK GESNER	-
	Office Address: 5500 West Bay Dr.	

### 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.

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.

Names and addresses of officers and/or directors: (Street 12. address ONLY- P. O. Box NOT acceptable) 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) Fulis Address: \_ 7 8 30236 EE CITY ON Secretary: \_\_ Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

### **Secretary of State**

Corporations Division Suite 315, West Tower 2 Martin Luther King Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 981670820 CONTROL NUMBER : 9431877 DATE INC/AUTH/FILED: 12/28/1994 JURISDICTION : GEORGIA PRINT DATE : 06/16/1998

FORM NUMBER : 211

AMSOUTH, INC. 2878 CARNES ROAD JONESBORO, GA 30236

#### CERTIFICATE OF EXISTENCE

N 23 PH 12: 18
AHASSEE FLORE

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

## AMSOUTH, INC.

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 a. Massey

Lewis A. Massey Secretary of State