F98000004857

To: Qualification/	/Tax Lien Section	
Division of C	Corporations	
	· ·	
SUBJECT: G2	Management Corporation	
	(Name of corporation - must include suffix)	
Dear Sir or Madam:	•	
	cation by Foreign Corporation for Authorization to Transact Business in Floridance", and check are submitted to register the above referenced foreign corporationida.	
Please return all corre	ayne Griffin (Name of Person)	DIVIE 32
V/a	ayne Griffin	
	(Name of Person)	
		325
G2	2 Management Corporation	
	(Firm/Company)	<u> </u>
	215 Valrico Forest Drive	n gm
	(Address)	~- \
Va	alrico, Florida 33594	unn
	(City/State/Zip)	8/27
Should you need to ca	all someone concerning this matter, please call: 70002626 -08/27/981 ****131.25	:5077 01043004 ****131.25
Wayne Griffin	at (813) 685-972.7	
(Name of Pe	erson) (Area Code & Daytime Telephone Number)	

STREET ADDRESS:

Qualification/Tax Lien Section 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.		agement Corporation			.:.			
	words or abbrev	oration; must include the word "Il riations of like import in languag or partnership if not so contained	e as will	clearly indic	ate that it			
2.	Nevada	·	5	3.	91-1	902651		
	(State or country	under the law of which it is inco	orporated)		(FEI number, if applicable)	
4.	3/23/9	8	5.		Perp	etual		
	(Da	te of incorporation)		(Duration:	Year co	rp. will cease to exist or "pe	rpetual")	
6.	Propos	ed 9/1/98				_		
7.		t transacted business in Florida.) Valrico Forest Drive	(SEE SE	CTIONS 607	7.1501, 60	07.1502 and 817.155, F.S.)	98	
/.		o, Florida 33594					AUG 2	
		(Currer	nt mailing	g address)			7	
					1		P	390
8.	Management services for engineering company					ភ	 S S	
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)					5	<u> </u>	
9.	Name and str	eet address of Florida registe	ered age	nt: (P.O. B	ox or M	ail Drop Box NOT accept	table)	<i>57</i> 3
	Name:	Wayne Griffin		<u>.</u>				
Of	fice Address:	2215 Valrico Forest 1	Drive		· .			
		Valrico		,1	Florida, .	33594		
						(Zip code)		
10	. Danisiasianasi a		_					

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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

Chairman:	Wayne Griffin		
Address:	2215 Valrico Forest Drive		
	Valrico, Florida 33594		
Vice Chairman: _			
Address:	2105 Johnson Street		
	Plant City, Florida 33566		
Director:	Eva Jean Griffin		
Address:	2642 Canal Drive North		·
	Lakeland, Florida 33801		
Director:			-
Address:			
			<u>D</u>
B. OFFICERS	(Street address only - P.O. Box NOT acceptable)	- 33 	V.S.
President:	Wayne Griffin	~~ —— ~ > ~-	
Address:	2215 Valrico Forest Drive		
	Valrico, Florida 33594	<u>\forall_{\forall}{\forall}{\forall}{}</u>	ST.
Vice President: _		5	등 등 - 등
Address:			
Secretary:	· · · · · · · · · · · · · · · · · · ·		
Address:			
 			
Treasurer:			
Address:			
NOTE: If necess	ary, you may attach an addendum to the application listing additional officers and/or direct	tors.	
13.		•	-

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