# F9900001354

To: Qualification/Tax Lien Section	• •	
Division of Corporations	•	
SUBJECT: Sys-Print, Inc.	u er	
(Name of corporation - must include s	uffix)	<u></u> _
Dear Sir or Madam:  The enclosed "Application by Foreign Corporation for Authorization to T "Certificate of Existence", and check are submitted to register the above r transact business in Florida.	300002789973 -03/01/9901039 ************************************	3 <u></u> 004 ***78.75
	w99-494	_
Please return all correspondence concerning this matter to the following:	90 11- 199	2
Paula Fowler	-	. <del></del>
(Name of Person)		4-
Sys- Print, Inc.		<b></b> .
(Firm/Company)		i,
2951 Flowers Road South, Sc (Address)  Attoute, GA 30341  (City/State/Zip)		SECRETARY OF
Should you need to call someone concerning this matter, please call:  Paula Fowler  (Name of Person)  at (770) 457-10  (Area Code & Daytime)		i

#### 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



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 1, 1999

PAULA FOWLER SYS-PRINT, INC. 2951 FLOWERS ROAD SOUTH STE 227 ATLANTA, GA 30341

SUBJECT: SYS-PRINT, INC. Ref. Number: W99000004942

We have received your document for SYS-PRINT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filling year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 499A00009223

### 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. (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.) (State or country under the law of which it is incorporated)

3. 58-205 9851

(FEI number, if applicable) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) Software developer and Marketer
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable Office Address: 23 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) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Jeff Slowgrove 33920 US Highway 19 North Saite 390 Palm Harbor, Florida 34684 1201 - 25th Avenue Saite 100 Address: Director: \_ Jackson Unlle, Florida 32207 Philip Trzcinski, Jim Ware Paula Fowler Sys-Print, Inc 2951 Flowers Road South Atlanta, GA 30341 B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: ) in Wave South Fletcher Ave Fernandina Beach. Florita 32034 CEO 2951 Flowers Ro-d Smath Swite 227 Secretary: Paula Fowler, 600 Saite 227, Atlanta, GA 30341 Treasurer: Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Paula Fowler, COO (Typed or printed name and capacity of person signing application)

## Secretary of State

**Corporations Division** 315 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

: K90480370 DOCKET NUMBER : K307913 CONTROL NUMBER DATE INC/AUTH/FILED: 03/26/1993 . GEORGIA JURISDICTION : 02/17/1999 PRINT DATE

FORM NUMBER : 211

SYS-PRINT, INC. 2951 FLOWERS RD S STE 227 DECATUR GA 30341

#### CERTIFICATE OF EXISTENCE

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

> SYS-PRINT, 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

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.

SECRETARY OF STATE



State.