F9900 CRANNITURETER 3779

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: C t Z, 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:

Patrice Aponix

(Name of Person)

Combined Investigators

(Firm/Company)

P.O. Box 566874

(Address)

(Ciry/State Zip)

Should you need to call someone concerning this matter, please call:

30002876963—3 -05/17/99-01082-001 *****87.50 *****87.50

Petrice Arodik at MC 1591-1846

W99-11690

(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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Cartified Copy

\$ 587.50 Filing Fee.
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 19, 1999

PATRICE APONIK COMBINED INVESTIGATORS PO BOX 566874 ATLANTA, GA 31156

SUBJECT: C & Z, INC.

Ref. Number: W99000011690

We have received your document for C & Z, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 filing 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.)

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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: 699A00027625

SUPPLIED ANY DESIGNATION OF SHAPE

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

| I, the undersigned Russell H. Z., merman, do hereby certify | - |
|--|---|
| that this Resolution of the Board of Directors of | |
| C 9 Z Inc. (Corporate Name) | - |
| a corporation duly organized and existing under the laws of the State of George, | |
| was duly adopted on January 1, 1999. | - |
| was duly adopted on Tanuary, 1999. Be it resolved, that C & Z Tho C. (Corporate Name) | |
| organized and existing in the State of Ocota, hereby adopts the name | 1 |
| C92, Inc. Of Greorgia for use in Florida. | |
| | |
| Dated: MAY 25, 1999 | |
| Signature of either Chairman, Vice Chairman or any officer | |
| | |
| Kussell H. Z. mmerman | ÷ |

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. <u>C</u> 92, 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 <u>Georgia</u> 3. 58-2431258 | | |
| 2. State or country under the law of which it is incorporated) 3. 58-2431258 (FEI number, if applicable) | | |
| 4. 12-21-98 (Date of incorporation) 5. Perfectuel (Duration: Year corp. will cease to exist or "perp | | |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perp | etual" |) |
| 6 | | |
| (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) | | |
| 7. P.O. Box 566874 | | |
| Attenta GA 31156-6874 | 99 | |
| (Current mailing address) | | |
| | 1 | <u> </u> |
| 8. Investigations | ~~~ | |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | TE CO | ; ; |
| 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptate | တ္ O le) | |
| Name: WALTER Loktz | | ्रहें. |
| Office Address: 500 South Belcher Rd # 170 | | |
| LATGO , Florida, 33771 | | |
| (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 in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fund | place | designated |
| comply with the provisions of all statufes rejutive to the proper and complete performance of my duties, and I | ım fan | niliar with |
| and accept the obligations of my position hypegistered agent. | | |
| Wall don) | | |
| (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.

| DIRECTORS (Street address only - P.O. Box NOT acceptable) | | |
|--|---|-------------|
| hairman: | | • |
| .ddress: | | |
| | | |
| ice Chairman: | | <u>,,</u> |
| ice Chairman: | | <u> </u> |
| ddress: | | |
| | | |
| irector: | | |
| ddress: | | |
| | | |
| irector: | | |
| ddress: | | |
| | | |
| OFFICERS (Street address only - P.O. Box NOT acceptable) | | |
| esident: Kussell H. Zimmerman | | 99 1/15 |
| idress: 4494 Fowler Circle | | E 3 |
| Kennesaw GA 30144 | | |
| ce President: David C. Collins | | |
| 111101 5 1 - 0 1 | | <u> </u> |
| | <u> </u> | |
| Rennesqu GA 3014 | | |
| cretary: | | |
| dress: | | |
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| easurer: | | |
| dress: | | |
| | | |
| VTF. If necessary way may attack of address to the address to the | | |
| OTE: If necessary, you may attach an addendum to the application listing | z additional officers and/or directors. | |
| Signature of Chairman, Vice Chairman, or any officer lists | ed in number 12 of the application) | |
| | erman, Pres | |

Secretary of State

Corporations Division 315 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : K91171024
CONTROL NUMBER : K845001
DATE INC/AUTH/FILED: 12/09/1998
JURISDICTION : GEORGIA
PRINT DATE : 04/27/1999
FORM NUMBER : 211

C & Z, INC.
PATRICE APONIK
P O BOX 566874
ATLANTA GA 31156-6874

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 ω

C & Z, 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.

CATHY COX SECRETARY OF STATE

