# F990 TANSMITTAL ETTER 3907

To: Qualification/Tax Lien Section
Division of Corporations

J SUBJECT: "JE	'S CANDY CORPORATION				
		ne of corporation - m	ust include suffix)		······································
Dear Sir or Ma	dam:				
The enclosed "." "Certificate of transact business	Application by Foreign Corporat Existence", and check are submits in Florida.	ion for Authoriza ted to register the	tion to Transact I e above reference	Business in Florida d foreign corpora	a", tion to
Please return al	l correspondence concerning this	matter to the fol	llowing		
	JOHN MCNEIL .			<u></u>	
		(Name of Person)		27	"정프
				7 To 12	n); He:
		(Firm/Company)		—————————————————————————————————————	
	409 MORNING GLORY ROA	D			114 - <u></u>
		(Address)		-	4
	ST MARYS , GEORGIA 31	.558			myn
	DI PARID / GLORGIZI 31	(City/State/Zip)		· · · · · · · · · · · · · · · · · · ·	7/30
Should you nee	d to call someone concerning th	is matter, please c		0002943 07/28/990 *****70.00	<b>871</b> 5 11049007 *****70.00
JOHN MCNE	IL	at 912	2-437-2968		· .
<del></del>	(Name of Person)	• •	(Area Code & Da	aytime Telephone Nu	mber)

#### 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

STF FL32376F.2

### 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>JB'</u> CAN	DY CORPORATION	· · · ·				
abbleviations	poration; must include the wo of like import in language a ained in the name at present.	S Will clearly indicate	D", "COMPANY that it is a corpor	", "CORPORATION ration instead of a na	N' or words or stural person or	partnershi
2. GEORGIA			3 58-2415	339 .		<del></del>
(State or cour	ntry under the law of which i	t is incorporated)	<u>-</u>	(FEI number, if ap	oplicable)	
4. APRIL 1	7, 1998		5. PERPETU	AL		
	(Date of incorporation)			Year corp. will cease	to exist or "per	petual")
6. <u>AUGUST</u>	1, 1999				-	·
(D	ate first transacted business	in Florida.) (SEE SEC	TIONS 607.150	1, 607.1502 and 817	.155, F.S.)	<u> </u>
	NING GLORY ROAD					
<del></del>						<del></del> ,
		(Current mailin	g address)			
8. CANDY S			in in the second of the second			<u>.                                    </u>
(F	urpose(s) of corporation auth	orized in home state	or country to be o	carried out in state of	Florida)	: <del>:::::</del>
	street address of Florida					ible)₁
Name:	JOHN MCNEIL		_*		<b>-</b>	
Office Address:	500 BELZ OUTLET	BLVD., STE 2	290		9.	
	ST AUGUSTINE	<u>.</u>	, Florid	a, 32095	<u> </u>	្ <del>រាក្</del> ភ្នំ –
			<del></del>	(Zip code)		<u></u>
10. Registered a	agent's acceptance:					

#### 1

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) STF FL32376F.3

Chairman:	
ice Chair	man:
irector:	
irector:_	
OFFIC	ERS (Street address only - P. O. Box NOT acceptable)
esident:	JOHN MCNEIL
	409 MORNING GLORY ROAD
	ST MARYS, GA 31558 N
ce Presid	lent:
	9
	<u>ω</u>
cretary:	RICHARD ALMON
ddress:	1 MAGNOLIA BLUFF WAY, STE 290
	DARIEN, GA 31305
easurer:	
ddress:	
_	
– OTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.
), <u> </u>	M. A. Manie
· · ·	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
. јон	N MCNEIL (Typed or printed name and capacity of person signing application)

\$TF FL32376F.4

## **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : K91810375
CONTROL NUMBER : K815102
DATE INC/AUTH/FILED: 04/17/1998
JURISDICTION : GEORGIA
PRINT DATE : 06/30/1999

FORM NUMBER : 211

GARY BLOUNT CPA
CHERYL TAYLOR
P O BOX 5005
ST MARYS, GA 31558

#### 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

# JB'S CANDY CORPORATION 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.



Cathy Cox Secretary of State