- 4400C	1010 42	04
To: Qualification/Tax Lien Section Division of Corporations		(
SUBJECT: J+R Wholesa (Name of corp	Le NURSERY, INC. poration - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation" (Certificate of Existence", and check are submitted to transact business in Florida.	on for Authorization to Transact Business in ed to register the above referenced foreign of	n Florida", corporation
Please return all correspondence concerning this r	matter to the following:	
4. STRATION S		en fallen i de la companya de la com
	m/Company)	· · · · · · · · · · · · · · · · · · ·
COII W. Azeela	STREET (Address)	
JAMPA FL (Cit	33606-2205 y/State/Zip)	
Should you need to call someone concerning this r	10002 matter, please call: 10002 *****	29570016 1/99-01061-007 87.57 *****87.50
STRATION SMITH at (8) (Name of Person) (A	urea Code & Daytime Telephone Number)	SECULTANAS TE
STREET ADDRESS:	MAILING ADDRESS:	SEE FI
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Fallahassee, FL 32399	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	AMIL: 31  OF STATE OF STATE
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee  □ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & \$87.50 Fil Certified Copy Certificat	ing Fee, e of Status &

Certified Copy

## H. STRATTON SMITH III, P. A.

ATTORNEY AT LAW
OLD HYDE PARK
611 W. AZEELE STREET
TAMPA, FLORIDA 33606-2205

FAX • (813) 254-8579

(813) 251-1624

TO: Qualification Tax Section

In an effort to improve our efficiency and expedite our service, we have developed this form. Please take appropriate action on the enclosed documents.

Re: J+R NWhole SAIR Nursery Inc

ACTION:

Please \_\_ Please record/file \_\_ FYI

DOCUMENTS

The following original documents: or \_\_\_ The following document copies:

Transmittal Letter

application by Foreign Corporation (apages)

Certificate of Existence

Certified Copy

Check #7711 for \$87.50

H. STRATTON SMITH III, P. A.

By: Susan Bried

Date: 8/10/99

## 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. JAR WhoLESALE MURSERY, 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. Ceorgia
(State or country under the law of which it is incorporated)

3. Second (FEI number, if applicable)

4. 12-8-93
(Date of incorporation)

5. Per Pet UA (Duration: Year corp. will cease to exist or "perpetual") 6. (Date of incorporation)

(Date of incorporation)

(Date of incorporation)

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 5010 MCGIMMIN FERRY ROAD

ALPHARETTA, GEORGÍA 30202.

(Current mailing address) (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 accepta Name: A STRATION SMITH ESE. Office Address: LOII W. Azeele Street.

Tanda FL., Florida, 33606
(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 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. 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the

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

which it is incorporated.

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: STANLEY WALKER	
Address: 500 Me Ginnis FERRY ROAD	<del></del> ,
ALPHARETTA, GA 30202	
Vice Chairman: GREGORY S. Shiver	<u> </u>
Address: 13262 US HWY 92 EAST	
Dover, FL 33527	
Director: KAY WALKER	
Address: 5010 Mc Gimis FERRY ROAD	
ALPHARETTA, GA 30202	- · · · · · · · · · · · · · · · · · · ·
Director:	-1
Address:	
D.O. Dow NOT occopy fable)	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: STANLEY WALTER	
Address: 5610 McGinnis FERRY ROAD	
ALPHARETTA, GA 30302	
Vice President:	
Address:	9
	5 11
Secretary: VICTOR LOGAN	
Address: 5610 Mc Girris FERRY ROAD	= 0
ALPHARETTA GA 30802	<u> </u>
Treasurer: VICTOR LOGAN	<u> </u>
Address: 5010 Mc Girris FERRY ROAD	
ALPHARETTA GA 30202	<del>.</del> :
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
1 / San I Man The san I was a	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. GREGORY S. Shiver, Vice Chairman (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

DOCKET NUMBER : K92170784

CONTROL NUMBER : K328051

DATE INC/AUTH/FILED: 12/08/1993

JURISDICTION : GEORGIA

PRINT DATE : 08/05/1999

FORM NUMBER : 211

SUSAN LANE
PETER F. BOYCE, P.C.
765 PLEASANT HILL RD.
LILBURN, GA 30043

#### 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

### J&R WHOLESALE NURSERY, 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 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