

# F99000004500

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: SOUTHERN ASSET MANAGEMENT COMPANY, 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:

CHARLES PYLE

(Name of Person)

SOUTHERN ASSET MANAGEMENT CO, INC.

(Firm/Company)

1004 GUILDY WOODS LANE

(Address)

ORLANDO FL. 32824

(City/State/Zip)

99 AUG 30 AM 9:33

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

mt  
8/31

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

100002947911--9

-08/02/99--01136--009

\*\*\*\*\*78.75 \*\*\*\*\*78.75

CHARLES PYLE  
(Name of Person)

at (407) 240-2140

W99-18624

(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

Conf. 7

P98-60376

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 4, 1999

CHARLES PYLE  
SOUTHERN ASSET MANAGEMENT CO., INC.  
1004 QUINCY WOODS LANE  
ORLANDO, FL 32824

SUBJECT: SOUTHERN ASSET MANAGEMENT COMPANY INC  
Ref. Number: W99000018024

We have received your document for SOUTHERN ASSET MANAGEMENT COMPANY INC and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

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: 599A00039463

# RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned CHARLES R. PYLE, do hereby certify  
(Name)

that this Resolution of the Board of Directors of SOUTHERN ASSET  
MANAGEMENT COMPANY, INC.  
(Corporate Name)

a corporation duly organized and existing under the laws of the State of DELAWARE,  
was duly adopted on AUGUST 25<sup>TH</sup>, 1999.

Be it resolved, that SOUTHERN ASSET MANAGEMENT COMPANY, INC.  
(Corporate Name)

organized and existing in the State of DELAWARE, hereby adopts the name

SOUTHERN ASSET MANAGEMENT COMPANY  
FLORIDA  
INC. for use in Florida.

→ SOUTHERN FLORIDA ASSET MANAGEMENT COMPANY, INC.  
Dated: 8-25-99

Charles R. Pyle  
Signature of either Chairman, Vice Chairman or any officer

CHARLES R. PYLE  
Type or print name

**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. SOUTHERN ASSET MANAGEMENT COMPANY, 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. DELAWARE 3. 25-1751767  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10-94 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NO BUSINESS TRANSACTIONS SINCE HERE APRIL 1999  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1004 QUINCY WOODS LANE  
ORLANDO, FL 32824  
(Current mailing address)
8. ANY LEGAL BUSINESS ACTIVITY  
(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)  
Name: CHARLES PYLE  
Office Address: 1004 QUINCY WOODS LANE  
ORLANDO, FL 32824, Florida, 32824  
(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.*

Charles Pyle  
(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)**

Chairman: CHARLES PYLE

Address: 1004 QUINCY WOODS LANE  
ORLANDO, FL 32824

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: CHARLES PYLE

Address: 1004 QUINCY WOODS LANE  
ORLANDO, FL 32824

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

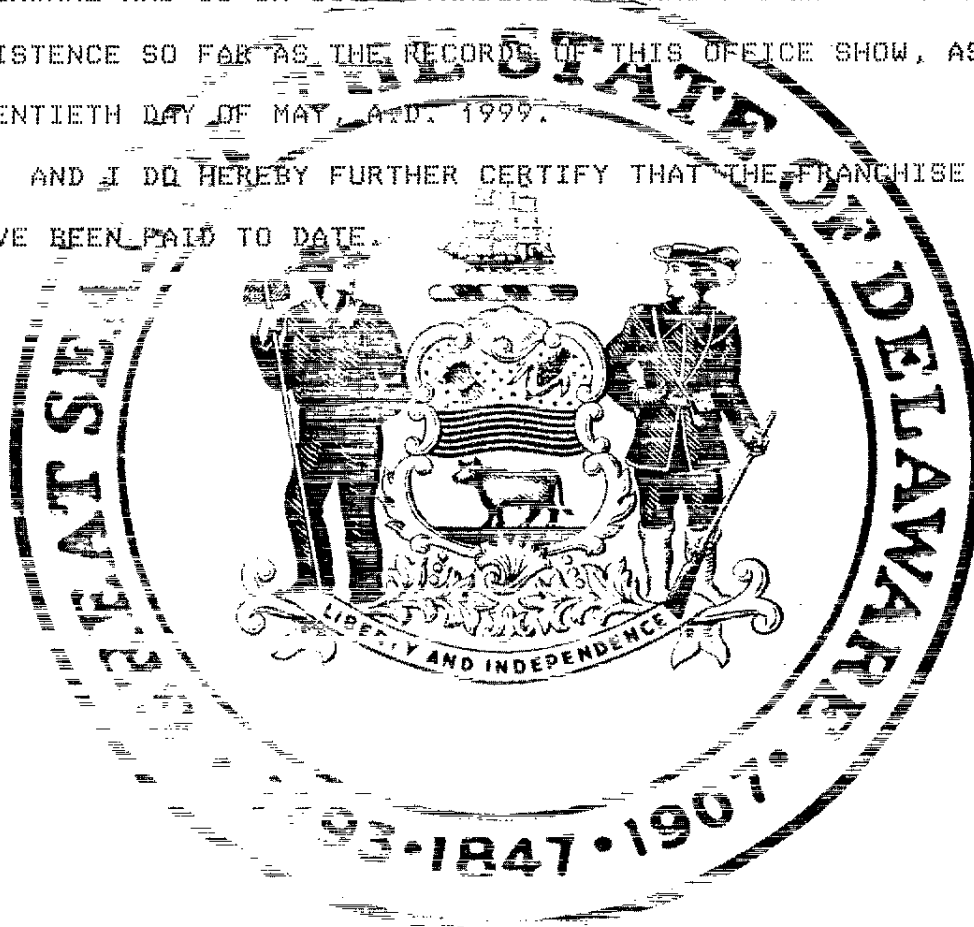
13. Charles Pyle  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CHARLES PYLE PRESIDENT  
(Typed or printed name and capacity of person signing application)

*State of Delaware*  
*Office of the Secretary of State*

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTHERN ASSET MANAGEMENT COMPANY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF MAY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



99 AUG 30 AM 9:33

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

9757659

05-20-99