Document Number Only 200000 5099 CTCOF 660 East Jefferson Street Requestor's Name Tallahassee, Florida 32301 Address (850) 222-1092 100003003821--9 Phone Zip -10/04/99--01056--020 State City *****70.00 *****70.00 CORPORATION(S) NAME () Merger U Profit () Amendment NonProfit Limited Liability Company () Mark () Dissolution/Withdrawal () Other 호달 () Annual Report () Change of R. Limited Partnership) Fict. Filing) UCC-() Reinstatement) Limited Liability Parine () Photo Copies () Certified Copy) Call if Problem () Cail When Ready Pick Up () Will Wait Walk In () Mail Out Please Return Extra Copy(s) Filed Stamp Name Availability Thanks, Melanie 😁 Document Examiner Updater Verifier Acknowledgment W.P. Verifier

188-11 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

. None Management Comme	T			ON" or ad of a	700
 Place Management Group, (Name of corporation; mus 	t include the word "INCORPO	DRATED", "CO	MPANY", "CORPORATION	DN" or	. 7
words or abbreviations of l	ike import in language as will	clearly indicate	that it is a corporation inste	ad of a	6
natural person or partnersh	ip if not so contained in the na	ime at present.)			•
	,	_	58-1676223		
2. Georgia (State or country under the	law of which it is incorporated	3	(FEI number, if appl	icable)	-
(State of country under the			(1 22 mm, 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
4. April 28, 1986		perpetual Vo	ear corp. will cease to exist	or "nernefus ^{[22})	-
(Date of incorp	oration)	(Duration: 16	at corp. will cease to exist	or perpetual)	
6. Upon qualification			501 (05 1500 1015 155		•
(Date first transacted	business in Florida.) (SEE SE	ECTIONS 607.1	501, 607.1502 and 817.155	, F.S.)	
7. Centennial Tower, Suite 10	050, 101 Marietta Street, N.W	., Atlanta, GA	30303-2726	·	
				,	
	(Current mailing	g address)		•	
	·				
8. Any lawful act or activity:	for which corporations may be	e organized			
	ration authorized in home stat		e carried out in state of Flo	rida)	
0 N	of Tilowide weekstowed as	cont. (D.O. P.	v or Moil Drop Roy NO	T accentable)	
9. Name and street addre	ss of riorida registered a	gent: (F.O. B	or man brop box ivo	<u>T</u> acceptable)	
Name: CT Cor	poration System			_	
		a			
Office Address: 1200 Sc	uth Pine Island Road	1			
Plantat	ion	,F	lorida, 33324		
_ 			lorida, 33324 (Zip code)		
10. Registered agent's ac	ceptance:				
Having been named as regist	ered agent and to accent serv	vice of process fo	or the above stated corpora	tion at the place designate	ed in
this application. I hereby acc	ept the appointment as regist	ered agent and	agree to act in this capacit	y. I further agree to comp	ıly
with the provisions of all stat	utes relative to the proper and	d complete perfe	ormance of my duties, and	I am familiar with and ac	cept
the obligations of my position	i as registerea agent	/ \		î Î	
		10	JENNIFER F	AULTMAN	
	(Registered ag	ent's signature)	ASSISTANT	SECRETARY	
11 Attached is a certificate of	of existence duly authenticated	V \ L not more than t	90 days prior to delivery of	this application to the	
Department of State, by the S	ecretary of State or other offic	ial having custo	dy of corporate records in the	ne jurisdiction under the la	w of
which it is incorporated.	V	_			

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: SEE ATTACHED LIST OF DIRECTORS	
Address:	ap-
Vice Chairman	
Vice Chairman:	
Address:	9 Y S
Director:	
Address:	+ 00
	PH POR
Director:	- P-1
Address:	
D. OFFICERS (Ct. et al.) and the D.O. Day NOT assessed	ahla)
B. OFFICERS (Street address only - P.O. Box NOT accept	able)
President: SEE ATTACHED LIST OF OFFICERS	
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NYAMIT! vo	11. 1 1 11
NOTE: If necessary, you may attach an addendum to the application	n histing additional officers and/or directors.
13(Signature of Chairman, or any off	icer listed in number 12 of the application)
14. Braden Cope	land Secretary (CFO city of person signing application)
(Typed or printed name and capa	city of person signing application)

PLACE MANAGEMENT GROUP, INC.

BOARD OF DIRECTORS

Name .

Address

Cecil M. Phillips

Centennial Tower, Suite 1050, 101 Marietta Street, N.W.

Atlanta, GA 30303-2726

Braden Copeland

Centennial Tower, Suite 1050, 101 Marietta Street, N.W.

Atlanta, GA 30303-2726

OFFICERS

Name

Title

Cecil M. Phillips

Chief Executive Officer

Braden Copeland

Chief Financial Officer and Secretary

ON OF THE STRONG

Secretary of State Corporations Division

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

CT CORPORATION SYSTEM SAMUEL PEARSON 1201 PEACHTREE ST, NE ATLANTA, GA 30361

DOCKET NUMBER CONTROL NUMBER

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ALB INC/WALH/RITED: A4/58/12

JURISDICTION PRINT DATE FORM NUMBER : GEORGIA ...

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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

PLACE MANAGEMENT GROUP, 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 <u>Title</u> 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.



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