

# F99000006586

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

W99-28240

SUBJECT: Delta Fire Protection Systems, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

00789-00647-00671  
00524 - CC not accept.

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:

000003064610--31  
-12/08/99-01061--009  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Leon W. Newton

(Name of Person)

Delta Fire Protection Systems, Inc.

(Firm/Company)

5002 N. Royal Atlanta Drive, Suite H

(Address)

Tucker, GA 30084

(City/State/Zip)

MJH

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

Leon W. Newton

(Name of Person)

at ( 678 ) 382-3500

(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

99 DEC 21 AM 8:46  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

December 10, 1999

LEON W. NEWTON  
5002 N. ROYAL ATLANTA DRIVE, SUITE H  
TUCKER, GA 30084

SUBJECT: DELTA FIRE PROTECTION SYSTEMS, INC.  
Ref. Number: W99000028240

We have received your document for DELTA FIRE PROTECTION SYSTEMS, 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):

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The certificate you submitted is for a Certified Copy.,

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) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 999A00058238

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

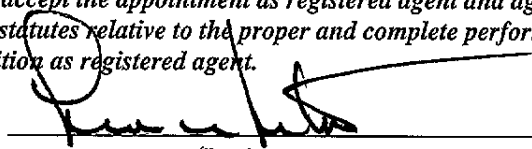
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Delta Fire Protection Systems, 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. Georgia  
(State or country under the law of which it is incorporated)
3. 58-2172998  
(FEI number, if applicable)
4. June 8, 1995  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon completed registration  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 5002 N. Royal Atlanta Drive, Suite H  
Tucker, GA 30084  
(Current mailing address)
8. Fire Protection Contractor  
(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: Leon W. Newton  
Office Address: 1220 Helen St.  
Apopka, Florida, 32703  
(Zip code)

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
DEC 21 AM 8:46

**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.*

  
(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: \_\_\_\_\_

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

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

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

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

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

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

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

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

President: Michael K. Williamson

Address: 3314 Summit Edge Ct.

Loganville, GA 30052

Vice President: Leon W. Newton

Address: 3437 Village Glen Court SW

Snellville, GA 30039

Secretary: Leon W. Newton

Address: 3437 Village Glen Court SW

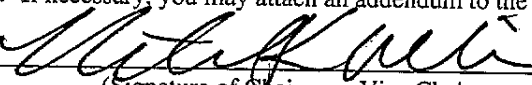
Snellville, GA 30039

Treasurer: Melita Parten

Address: 2957 Temple Johnson Rd.

Snellville, GA 30039

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

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

14. Michael K. Williamson, President  
(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 : K93540594  
CONTROL NUMBER : K515009  
DATE INC/AUTH/FILED: 05/08/1995  
JURISDICTION : GEORGIA  
PRINT DATE : 12/20/1999  
FORM NUMBER : 211

DELTA FIRE PROTECTION SYSTEMS, INC.  
5002M NORTH ROYAL ATLANTA DRIVE, STE.H  
TUCKER, GA 30084

**CERTIFICATE OF EXISTENCE**

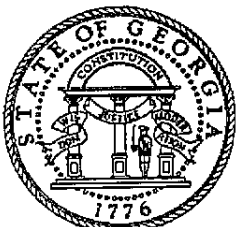
I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**DELTA FIRE PROTECTION SYSTEMS, 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