M03000002410

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>≠</i> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		į
		}
		ĺ
	<u></u>	





100021421141

07/16/03--01043--014 **125.00

DIVISION OF CORPORATION OF STALL OF CORPORATION OF



LAW OFFICES OF DEAN, SMITH & THERRELL, P.A. 2340 PERIMETER PARK DRIVE SHITE 201

SUITE 201 ATLANTA, GA 30341

770-458-9834

FAX 770-458-8493

William T. Dean, Jr. G. Michael Smith Connie J. Therrell

Peter R. Roberts

July 15, 2003

Secretary of State Florida Registration Section Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Registration of foreign corporation S & T Service, LLC

Dear Secretary:

Enclosed please find an original certificate of existence issued by the Secretary of State Georgia. Additionally please find the completed application and registered agent form along with a company check in the total amount of \$125.00 as required.

If you would be so kind as to return the letter of acknowledgment to my attention at the above address.

Very truly yours,

G. Michael Smith

GMS/kk Enclosures

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	I V
1	,
C	
2. GEORGIA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 58-243-3649 (FEI number, if applicable)	•
4. //- /3- /997 (Date of Organization) 5. //- /2- 2027 (Duration: Year limited liability company will cease to exist or "perpenual")	
exist or "perpetual")	
6. August 1 2803 C(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	-
	m.
7. 2732 Via Murano, #516, Clean NATER FL 33704 PER	E F
(Street address of principal office)	
(Street address of principal office)	
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows:	
CLRISTOPLER SLAWN FELLOWS 1619 Rocky TRAIL LN DECULA GA	3001
Christopher Shawn Fellows 1619 Rocky TRAIL LN DECULA GA G. Michael Smith 1389 withom Dr. Dunwoody, GA 30338	
7,7,00	
	-
	٠
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)	in
11. Nature of business or purposes to be conducted or promoted in Florida: Open a Trew of	
Bingo Hall	-
MM I THE AUTHORIZED MEDLERY CORPCOUNSES	ı
Signature of a member or an authorized representative of a member.	-
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
G. Michael South	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
SAT SERVICE LLC	
2. The name and the Florida street address of the registered agent and office are:	ad****
Thomas Author Mansaci	D3 VIS
Thomas Pathun Manengi (Name)	
D652 SEQUOTA TERRACE Florida street address (P.O. Box NOT ACCEPTABLE)	ARCORPOS SECORPOS
PALM HANGOR FL 54863	1: 33
(City/State/Zip)	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Than A. Maren gir (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 031920245
CONTROL NUMBER : K740695
DATE INC/AUTH/FILED: 11/13/1997
JURISDICTION : GEORGIA
PRINT DATE : 07/11/2003

FORM NUMBER : 211

G. MICHAEL SMITH, ATTORNEY 2340 PERIMETER PARK DRIVE SUITE 201 ATLANTA, GA 30341

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

S & T SERVICE, L.L.C. A GEORGIA LIMITED LIABILITY COMPANY

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 Office al 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