

# FD6000005042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

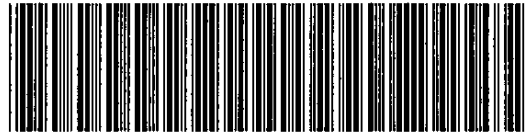
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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07/24/06--01037--001 \*\*87.50

08/01/06--01008--007 \*\*4600.00

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06 JUL 24 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*cy. 8-1*

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Apollo SUNGUARD SYSTEMS, 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:

KEVIN T. CONNELLY  
(Name of Person)

APOLLO SUNGUARD SYSTEMS, INC.  
(Firm/Company)

118 DORY LANE  
(Address)

OSPREY, FL 34229  
(City/State and Zip code)

For further information concerning this matter, please call:

KEVIN T. CONNELLY at (941) 925-3000  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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  
Division of Corporations

July 26, 2006

KEVIN T. CONNELLY / APOLLO SUNGUARD SYSTEMS, INC.  
118 DORY LANE  
OSPREY, FL 34229

SUBJECT: APOLLO SUNGUARD SYSTEMS, INC.  
Ref. Number: W06000033102

We have received your document for APOLLO SUNGUARD 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):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$4600.00.

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) 245-6047.

Carolyn Lewis  
Document Specialist

Letter Number: 706A00047399

**Apollo Sunguard Systems, Inc.**  
**118 Dory Lane**  
**Osprey, FL 34229**

July 31, 2006

Florida Department of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32314

Attention: Carolyn Lewis

Dear Carolyn:

As per our telephone conversation, enclosed please find our check in the amount of \$4,600.00 covering the annual report and penalty fees.

Please send us our requested certificate ASAP.

If you have any questions, please contact me.

Very truly yours,



Neerje Edson  
Administrator

**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. APOLLO SANGUANO SYSTEMS, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 65-1135651  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JULY 11, 2001 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 7-18-02  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 118 DORY LANE, OSPREY, FL 34229  
(Principal office address)

SAME  
(Current mailing address)

8. SALES AND MARKETING  
(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 NOT acceptable)

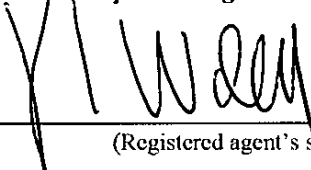
Name: JORDAN WALLASH, ESQUIRE

Office Address: 1800 SECOND ST, STE 900

SARASOTA, Florida 34236  
(City) (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.

  
(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.

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06 JUL 24 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: KEVIN T. CONNELLY

Address: 118 DORY LANE

OSPREY, FL 34229

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

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

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

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

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

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

**B. OFFICERS**

President: KEVIN T. CONNELLY

Address: 118 DORY LANE

OSPREY, FL 34229

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

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

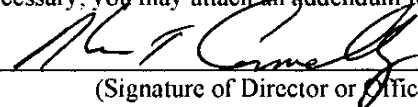
Secretary: \_\_\_\_\_

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

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

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

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. KEVIN T. CONNELLY, PRESIDENT  
(Typed or printed name and capacity of person signing application)

FILED  
06 JUL 24 PM 2:4  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

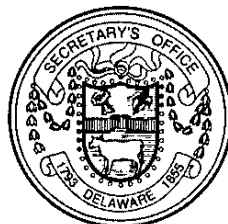
PAGE 1

## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APOLLO SUNGUARD SYSTEMS, 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 NINETEENTH DAY OF JULY, A.D. 2006.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APOLLO SUNGUARD SYSTEMS, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF JULY, A.D. 2001.



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060683157

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4912327

DATE: 07-19-06