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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: New Filing Division o	g Section f Corporations				
SUBJECT:	ACCOUNTIN	G DATA (CORPORAT	ION	
Sebuce 1.	Name of cor	poration - mus	t include suffix	·	
Dear Sir or Madam	1:				
"Certificate of Exist	plication by Foreign Corpora stence," or "Certificate of Go oreign corporation to transac	ood Standing"	and check are sub		
Please return all co	orrespondence concerning th	is matter to the	following:		
	GF	ERALD DI	X		
	,	Name of Person	- <u></u>		
	ACCOUNTING	DATA CO	ORPORATION	NC	
	F	irm/Company		•	
	423	150th AV	E		
		Address	•		· · · · · ·
	MADERIA	A BEACH	FL 33708		
	City	y/State and Zip	code	•	
		dix@usa.co			
	E-mail address: (to	be used for full	ire annuai report n	otification)	
For further informa	ation concerning this matter,	please call:			~ ♀
Doton M	A-wl	000	000 0570		NVISION OF G
Peter M			800-9573 Daytime Telepho		APR
name or r	rçison	Area Code o	Daytime Telepho	one Number	- 2F @
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STREET/	COURIER ADDRESS:	•	MAILING A	DDRESS:	. .
New Filing Section			New Filing Section		
Division of Corporations			Division of Corporations		25 £
Clifton Building 2661 Executive Center Circle			P.O. Box 6327 Tallahassee, FL 32314		
	e, FL 32301		, •		
Enclosed is a check	k for the following amount:				
₹70.00 Filing	Fee \$78.75 Filing Fee Certificate of State		75 Filing Fee & fied Copy	S87.50 Filin Certificate of Certified Co	of Status &

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.

		adopted for the purpose of transacting business in Florid	a)
	Indiana 3. 35-0953996 under the law of which it is incorporated) (FEI number, if applicable)		
(State or country t	inder the law of which it is incorporated)	(FEI number, if applicable)	_
	08/01/1960 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")		•
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	')
MAY 1, 20			_
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
4	23 150th AVE - APMT 1506 1	MADERIA BEACH, FL 33708	_
	(Principal office addr		
423	3 150th AVE - APMT 1506 I	MADERIA BEACH, FL 33708	
-	(Current mailing addr	ess)	
	,	,	
(Purpose(s)	(Current mailing addr SERVICE ADM) of corporation authorized in home state or con-	,	
(Purpose(s)	SERVICE ADMI	,	Grand and 15
(Purpose(s)	SERVICE ADMI of corporation authorized in home state or con	NISTRATION Suntry to be carried out in state of Florida) Box NOT acceptable)	URISISIE I PM
(Purpose(s) Name and stree Name:	SERVICE ADMI of corporation authorized in home state or contaddress of Florida registered agent: (P.O	NISTRATION untry to be carried out in state of Florida) Box NOT acceptable)	옾
(Purpose(s) Name and stree	SERVICE ADMI of corporation authorized in home state or contaddress of Florida registered agent: (P.O GERALD DIX	NISTRATION untry to be carried out in state of Florida) Box NOT acceptable)	

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.

Aurale D-1
(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.

DIVISION OF CORPERATION

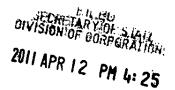
2011 APR 12 PM 4: 25

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

A. DIRECTO	DRS
Chairman:	GERALD DIX
Address:	423 150TH AVE UNIT 1506 MADEIRA BEACH, FL 33708
Vice Chairman:	
Address:	
71001033.	
Director:	
B. OFFICERS	s
President:	GERALD DIX
Address:	423 150th AVE - APMT 1506 MADERIA BEACH, FL 33708
Vice President:	
Address:	
	· · · · · · · · · · · · · · · · · · ·
Secretary:	
Address:	
Treasurer:	
Address:	
ľ	essary, you may attach an addendum to the application listing additional officers and/or directors.
13	Signature of Director or Officer
are true and that	lirector signing this document (and who is listed in number 12 above) affirms that the facts stated herein the or she is aware that false information submitted in a document to the Department of State constitutes a only as provided for in s.817.155, F.S.
14	GERALD DIX

(Typed or printed name and capacity of person signing application)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE



To Whom These Presents Come, Greetings:

I, Charles P. White, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

ACCOUNTING DATA CORPORATION

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 28, 1960, and was in existence or authorized to transact business in the State of Indiana on March 22, 2011.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Second Day of March, 2011.

Charles P. White, Secretary of State

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