F96000005307

TO: Qualification/Tax Lien Section Division of Corporations

SUBJECT: Martin Enterprises Juc. Computer Solution Il Miller (Namo 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:

Richard M. Martin (Name of Person) 711artin Enterprises Inc. (Firm/Company) Computer Solution, unlimited PLORIE 103 Turkey Creek (Address)	
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	57849 54002 ****70.00
Should you need to call someone concerning this matter, please call: Chard M. Martin at (352) 462-1589 (Area Code & Daytime Telephone Number)	10/14

COURIER ADDRESS:

Qualification/Tax Lien Sec. 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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned RicHARD MARTON,	do hereby certify
that this Resolution of the Board of Directors of <u>Martiu</u> En	Terpises Inc
Computer Solutions Unlimited)	
a corporation duly organized and existing under the laws of the State of	Delevare.
was duly adopted on ducual 26, 19 96.	
Resolved, that Martin Enterpusie, Inc. and existing in the State of Deleware, hereby adopts the name Computer Solutions Unlime	le
for use in Florida.	
Dated: 9-34-96 Auskas Mark Signature of at least one director	96 OCT 14 AM 8: 17 SECRETARY OF STATI TALLAHASSEE, FLORIT

INHS19(3/95)

APP. ICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, I 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Martin Enterprises, Tue: Computer Solutions Unlimited) (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.	(State or country under the law of which it is incorporated) 3. 54-6385912 (FBI number, if applicable)
4,	(Date of Incorporation) 5. Prepetual (Duration: Year corp. will cease to exist or "perpetual")
6.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7.	
8. ,	103 Torky (week, Aluchua H. 32645. (Current mailing address) Sales (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Fig. 4.
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box Nor acceptable) Name: Richard Marku
	Office Address: 103 Turky Creek Alachua, Florida, 32615 (Zip Code)
10.	Registered agent's acceptance: (Zip Code)
reg all	ving been named as registered agent and to accept service of process for the above stated poration at the place designated in this application, I hereby accept the appointment as sistered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with 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) 32615 Vice Chairman: _____ Address: __ Director: Address: Director: _ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Vice President: Address: Secretary: Address: Treasurer: Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARTIN ENTERPRISES, 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 FIFTH DAY OF SEPTEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND TOO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

HAVE BEEN PAID TO DATE.



Edward J. Freel, Secretary of State

AUTHENTICATION:

8092919

DATE:

09-05-96

2470781 8300

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