

# F990000001710

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Network Services Group, 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: 900002821959--1

Bettye McDaniel -03/29/99--01108--001  
(Name of Person) \*\*\*\*\*70.00 \*\*\*\*\*70.00

Network Services Group Inc  
(Firm/Company)

242 W. Main St. Ste. 246  
(Address)

Hendersonville TN 37075  
(City/State/Zip)

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

Bettye McDaniel at (615) 851-4001  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

### 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

4/3/99

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

**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. Network Services Group, 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. Tennessee 3. 62-1675734  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01-03-1997 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. on or about August or September 1999  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. Network Services Group, Inc.  
242 W. Main St. Ste. 246 Hendersonville TN 37075  
(Current mailing address)
8. Systems Intergration  
(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: CT Corporation System  
Office Address: 1200 S. Pine Island Rd.  
Plantation, Florida, 33324  
(Zip code)

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**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.

Mary R. Adams MARY R. ADAMS  
(Registered agent's signature) ASSISTANT SECRETARY

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: David C McDANIEL

Address: 117 Carriage Way

Hendersonville TN 37075

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

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

Secretary: Bettye McDANIEL

Address: 117 Carriage Way

Hendersonville TN 37075

Treasurer: Bettye McDANIEL

Address: 117 Carriage Way

Hendersonville TN 37075

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

13. Bettye McDANIEL

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

14. Bettye McDANIEL Secretary / TREASURER

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

**Secretary of State  
Corporations Section**

**James K. Polk Building, Suite 1800  
Nashville, Tennessee 37243-0306**

ISSUANCE DATE: 03/17/1999  
REQUEST NUMBER: 99076156  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/03/1997  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0323883  
JURISDICTION: TENNESSEE

TO:  
NETWORK SERVICES GROUP, INC.  
411 OLD STONE BRIDGE

GOODLETTSVILLE, TN 37072

REQUESTED BY:  
NETWORK SERVICES GROUP, INC.  
411 OLD STONE BRIDGE

GOODLETTSVILLE, TN 37072

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 03/17/99

FROM:  
JOHN R. JANICEK, CPA, P.C.  
P.O. BOX 2532

HENDERSONVILLE, TN 37077-2532

RECEIVED: FEES \$20.00 \$0.00

TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00002456410  
ACCOUNT NUMBER: 00188376



*Riley C Darnell*

**RILEY C. DARNELL  
SECRETARY OF STATE**