# TO: Qualification/Tax Lien Section

Division of Cor	porations				
SUBJECT:	Apple One Service. (Name of corporation - must	Ltd (I	tricorporated	_) wie-	
Dear Sir or Madam:			1 (101610) 1 -05/03/050 *****70.00	본4 (315 1106203	.22.1 20 0.00
The enclosed "Applicat Florida", "Certificate of foreign corporation to t	ion by Foreign Corporation for f Existence", and check are subrates and subrates for the subrates in Florida.	Authorization to T nitted to register th	ransact Business in above reference	n d	
Please return all corresp	pondence concerning this matter	r to the following:			
	Linda Lindsey (Name of Person Apple One Service (Firm/Company 327 W. Broad W. (Address) Glendale, CA (City/State/Zip)	ces, Ltd.	(Inc.) 46	FILED SECRETARY OF STATE DIVISION OF CCROORATIONS	Bass
Should you need to call  Linda Lind  (Name of P		•	) 240 – 86 aytime Telephone Nur	88 nber)	

#### **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



June 5, 1996

LINDA LINDSEY APPLE ONE SERVICES, LTD. (INC.) 327 W BROADWAY GLENDALE, CA 91204

SUBJECT: APPLE ONE SERVICE, LTD. (INCORPORATED)
Ref. Number: W96000011759

We have received your document for APPLE ONE SERVICE, LTD. (INCORPORATED) and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please be advised that this office requires that the signature for the registered agent be original.

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 (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 196A00027841

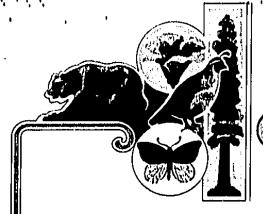
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. ISO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Name of corporation: must include the word "INCORPORA" abbreviations of like import in language as will clearly indica person or partnership if not so contained in the name at press	TOCOPDORATED  ATIED", "COMPANY", "CORPORATION" or words or te that it is a corporation instead of a natural ent.)
2. CA (State or country under the law of which if is incorporated)	3. <u>95 - 3/843/7</u> (Fill number, if applicable)
4. ID-24-77 (Date of incorporation)	s. Perpetual
6. None (Vet) (Date first transacted business in Florida (SEE SECTIONS	607.1501, 607.1502, AND 817.155.F.S.)
7. Corp Hailing: P.O. Box 29048	, Glendale, CA 91209-9048
Bus Location: 277 Douglas	AVENUE Suite 1002, Alternoofe FL 22
8. Temporary & Full-Time & m (Purpose(s) of corporation authorized in home state or country Florida)	
9. Name and street address of Florida registered acceptable)	agent: (P.O. Box or Mail Drop Box NOT
Name: Doug Palmer	In 96
Office Address: 308 Kendall Drive &	SESE SE
Winker Haven	, Florida, 33884
10. Registered agent's acceptance:	(Zip Code) (D. RS.)
Having been named as registered agent and to accept corporation at the place designated in this application registered agent and agree to act in this capacity. If all statutes relative to the proper and complete performed accept the obligations of my position as registered.	t service of process for the above stated of the appointment as further agree to comply with the provisions of mance of my duties, and I am familiar with a gent
Registered agent	s signature)
<ol> <li>Attached is a certificate of existence duly authent delivery of this application to the Department of S official having custody of corporate records in the incorporated.</li> </ol>	rate, by the Secretary of State or other

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: Bernard Howroud Address: 327 W. Broadway, Glendale CA 91204 Vice Chairman:\_\_\_\_ Address: \_\_\_ Director: 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) 14. MICHAEL A. HoYAL

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



# State of California

SECRETARY OF STATE



### CERTIFICATE OF STATUS DOMESTIC CORPORATION

1, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the	24th	day of	October	 19_77
	ΛP	PLE ONE SER	VICE, LTD.	

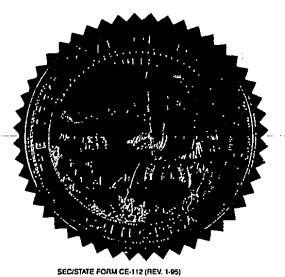
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this 15th day of March, 1996



94 25216

# F96000003012

ACCOUNT NUMBER: FCA 00000000	
REFERENCE:	
DATE: 3-24-97	1000021212310
REQUESTER NAME: LEXIS DOCUMENT SERVI	ICES
ADDRESS: P.O. BOX 2969 SPRINGFIELD, ILLINOIS 62708	REO 97 HAR 2 DIVISION OF
CONTACT NAME: CYNTHIA WOODYARD (904)	NECEIVED HAR 24 AH 9: 5 ION OF CORPORAL
ADDRESS: P.O. BOX 2969 SPRINGFIELD, ILLINOIS 62708  CONTACT NAME: CYNTHIA WOODYARD (904)  CORPORATION NAME: Apple One Ser  AUTHORIZATION: C. Woodyard	vice, Ladi
AUTHORIZATION: C. Wooding	24 HIII:3
CERTIFIED COPY (1-9)  CERTIFICATE OF STATUS (1-9)  PLAIN STAMPED COPY	draval
( ) CALL WHEN READY ( ) CALL IF PROBLEM ( ) WALK IN ( ) WILL WAIT ( ) MAIL OUT (IF APPLICABLE)	( ) PICK-UP ( ) A()
3 <b>00</b> -834 <b>-973</b> 8	3124 Horawal C-us.

OF AUTHODITY TO THAN			
OF AUTHORITY TO TRAN	IN FLORID		
	IN FLORID	A	97 H SEC TALL
			HAR 24 CRETAS LAHASI
Apple One Service,	Ltd.		PASS
-	(Name of Corporati	on)	
			EEF E
	litornia		
(Inc	orporated Under Lav	ws Of)	IDA 6
and hereby voluntarily surrenders its au This corporation revokes the authority behalf and appoints the Department of St action arising during the time it was aut The following is a current mailing addre any process against this corporation that	of its registered ate as its agent for thorized to transsess	agent in Florida for service of product fact business or co	to accept service on its ess based on a cause of nduct affairs in Florida. ate may mail a copy of
327 West Broadway			
	(Mailing Address)		
Glendale, California 912	04 Attn: M	ichael A. Ho	.u.s.l
Grendate, Cathornia 912	(City/ State /Zip)	TOTAL A. HO	yat
	(-1-), 5-11-12-12-17-1		
The corporation agrees to notify the Depa	rtment of State i	n the future of an	y change in its mailing
address.	<i>(</i> )		
MI a Hore	1	C.Fo.	
Signatuje	<del></del>	Title	
<b>,</b>		1 /	
Michael A. Hoyal		3/14/17	
Typed or printed name		Date	