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SECRETARY OF STATE

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## TRANSMITTAL LETTER

TO:	Registration Se Division of Cor				-		-		
SUBJ	JECT: COMPA								<u>-</u>
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Dear 8	Sir or Madam:								
"Certi	nclosed "Applicat ficate of Existenc ct business in Flo	e", and check a							
Please	return all corresp	ondence conce	rning this m	atter to the follo	owing:				
WAD	E NIENABER	*·	in jegis s	. TATE LEADS		<del></del>			
			(Nam	ne of Person)	<del></del>				
CDM	SERVICE GRO	UP, INC.				**			
			(Firm	/Company)	<u>'</u>	<u> </u>	<u> </u>		<del></del>
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			(City/Si	ate and Zip cot	ie)		S	U	5 - 5
For fu	rther information	concerning this	s matter, plea	ase call:			ORIO	#: 18	***************************************
WADE	NIENABER		at ( <b>402</b>	) <b>896-1</b>	614				
	(Name of Perso	on)	(A	rea Code & Da	ytime Teleph	one Num	iber)		
Regist Divisi 409 E Tallah	CET ADDRESS: tration Section on of Corporation Gaines St. lassee, FL 32399			Registrat Division P.O. Box	G ADDRES ion Section of Corporation 6327 see, FL 3231	ons			
Encto	sed is a check for	the following a	mount:						
<b>Ø</b> \$70	).00 Filing Fee	S78.75 Fill Certificat	ing Fee & e of Status	S78.75 Fi Certified		Ce	.50 Fili	e of Sta	-



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 20, 2004

WADE NIENABER CDM SERVICE GROUP, INC. 13324 CHANDLER ROAD OMAHA, NE 68138

SUBJECT: COMPANY #22 Ref. Number: W04000015073

We have received your document for COMPANY #22 and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of aname is not acceptable.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6913.

Letter Number: 704A00025896

Diane Cushing Document Specialist

#### 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. COMPANY #22	
(Enter name of corporation; must include "INCOI "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ORPORATED," "COMPANY," "CORPORATION,"
Company #22 TI	
	corporate name adopted for the purpose of transacting business in Florida)
2. NEBRASKA	3, 20-0341678
(State or country under the law of which it is incor	corporated) (FEI number, if applicable)
4. 10/27/2003	5 PERPETUAL
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION	n en
	poration has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIO	IONS 607.1501, 607.1502 and 817.155, F.S.)
7. 4600 MARTHA TRUMAN ROAD, GRANI	
(Princig	cipal office address)
13324 CHANDLER ROAD, OMAHA, NE	E 68138
	ant mailing addrags)
,	ent maning auditess)
v'	home state or country to be carried out in state of Floridal [17]
(Purpose(s) of corporation authorized in not	nome state of country to be carried out in state of Florida;
<ol> <li>Name and <u>street address</u> of Florida register</li> </ol>	tered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: CORPORATION SERVICE C	COMPANY
Office Address: 1201 HAYS STREET	
TALLAHASSEE	Florida 32301
(Čity)	(Zip code)
0. 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.

> Cynthia L. Harris as its agent

- 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 business addresses of officers and/or directors:

. DIRECTORS		•	·							
Chairman:	<u></u>		. :		<u>,                                     </u>		* - *			
Address:	<u></u>		# - · ·			· . · .		*		**
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rector: RON FLETCHER				<u> </u>	· ·	<u> </u>		<del></del>	<del>:</del>	<u> </u>
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OFFICERS		,	• . •	•			ASS	<del>ا</del> ا		
							Ling.	; ; ; ;		
resident: BUD STRATTON	<u>-</u>		· · ·	5		<u></u>		<u>, D</u>		
ddress: 4600 MARTHA TRI	UMAN ROA	D, GRANDV	iew, m	0 64030	<u> </u>		- 65 	<del>}</del>	<u></u>	
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cretary: BRIAN BAUMERT	<u> </u>	<u> </u>		· 55	.7.		1	<u> </u>	r	· • • • • • • • • • • • • • • • • • • •
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ddress:	<u> </u>					***	1. + .	· <del></del> -	<del>- ` - ` - `</del>	
OTE: If necessary, you may	attach an ad	dendum to the	annlicat	ian lietin	o addio	ional of	ficare or	dlar dira	etore	
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(Signature of D	trector or O	filter listed in	number	12 of the	applic	ation				<u>-</u>
(Digitating of D	Trocks the	inco nsieu in	number	iz or me	appno	аноп)				

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

### STATE OF



**NEBRASKA** 

United States of America, State of Nebraska

SS.

Department of State Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

#### **COMPANY #22**

was duly incorporated under the laws of this state on October 27, 2003 and do further certify that no occupation taxes assessed are impaid and no biennial reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on April 2, 2004.



SECRETARY OF STATE