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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Consolidated Business Services 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:
Albraham Um
(Name of Person)
consolidated Business Services Inc.
(Firm/Company)
125 TownPark Drive Suite + 300
(Address)
Kennesaw, GA 30144
(City/State and Zip code)
For further information concerning this matter, please call:
Aloraham Lim at (404) 422 - 7593
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\bigcup \\$78.75 Filing Fee & \bigcup \\$78.75 Filing Fee & \bigcup \\$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 28, 2007

ABRAHAM LINN CONSOLIDATED BUSINESS SERVICES INC 125 TOWNPARK DR. SUITE 800 KENNESAW, GA 30144

SUBJECT: CONSOLIDATED BUSINESS SERVICES, INC.

Ref. Number: W07000057779

We have received your document for CONSOLIDATED BUSINESS SERVICES, INC. and your check(s) totaling \$422.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

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 a name is not acceptable.

The document number of the name conflict is P01000071293 - CONSOLIDATED BUSINESS SERVICES, INC..

Please return 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) 245-6934.

Letter Number: 207A00067473

Loria Poole Regulatory Specialist II

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. CONS	OLIDATED BUSINESS S	ERVICES INC.	
(Enter name of o	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
'inc.,' "Co., C	orp," 'me," 'Co," or "Corp.")		,
Cousal	TRATE BUSTNESS CERUTA	er of Ch Tol	
(If name unavaila	IDATE BUSINESS SERVICE able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	siness in Florida)
	•	· · · · · · · · · · · · · · · · · · ·	-
2. <u>Gloray</u> (State or country)	3. under the law of which it is incorporated)	(FEI number, if applicable	
4. 12/3		•	
	of incorporation)	(Duration: Year corp. will cease to exis	t or "perpetual")
	12/107	•	
U		1 Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.15	i02, F.S., to determine penalty liability)	•
7. 125 Town	ntark Drive Suite #300	Kennesaw, GA 30144	
	(Principal office add	ress)	
125 Town	Park Drive Suite #300	Kennesaw GA 3014	4
	(Current mailing add	ress)	
5			
8. <u>\@_carr</u> (Purpose(s)	duct business in Florid of corporation authorized in home state or co	wintry to be carried out in state of Florida)	Z007
-		•	
9. Name and street	t address of Florida registered agent: (P.C	D. Box NUI acceptable)	DEC -
Name:	Abraham Lim	· ·	% `
Office Address:	8875 Hidden River Durk	way swik 300	PH 2: OF STA
	Tampa	, Florida <u>33637</u>	## -
	Tampa (City)	(Zip code)	Э,
10. Registered ag	ent's acceptance:		
Having been name	ed as registered agent and to accept servi	ce of process for the above stated corp	poration at the place
designated in this further agree to co	application, I hereby accept the appointn omply with the provisions of all statutes r	elative to the proper and complete pe	rformance of my duties
and I am familiar	with and accept the obligations of my po-	sition as registered agent.	
			·
	a		
	Abraham(Registered agent's signature)		
	(B to all to a pignature)		

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:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Abraham Lim	
Address: 10162 Ocean Ray Drive Duuth , GA 30097	_
Vice President: Sunny Park	
Address: 3824 Dandridge way Duluth, 6A 30097	
Secretary: Peter Chun	_
Address: 3824 Dandridge Way Duluth, 6A 30097	
Treasurer:	_
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. Abraham f (Signature of Director or Officer listed in number 12 of the application)	_
14. Abraham Lim CEO (Typed or printed name and capacity of person signing application)	_

Control No. 047205

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

CONSOLIDATED BUSINESS SERVICES INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 12/03/2004 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 15th day of November, 2007

Karen C Handel Secretary of State

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Certification Number: 1854862-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp