F10000003382

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

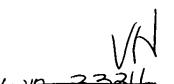


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07/12/10--01037--021 **78.75







COVER LETTER

Div	w Filing Sectionsision of Corpo	orations				
SUBJECT	· JE	A e He	EALTH	SysTE	MS, IN	\mathcal{C} .
we as a co	·	(Na	ime of corpor	ation - must	include suffix)	
Dear Sir or	Madam:					
"Certificate		" and check a				et Business in Florida," need foreign corporation to
Please retur	n all correspo	ndence conce LA VERN			ollowing:	
			(Nam	e of Person)		
	フ	DA et/	EALTH	SUSTE	m5 /	VC.
			(Firm	(Company)		
		1717	PARK	57.	5056 (code)	250
		, 0	(A	(ddress)	,	
		NAPER	VILLE	1/	6056	3
			(City/Sta	ate and Zip o	ode)	
For further	information co					
LA VERI	ve Bo	YER	at (<u></u>	30 <u>3</u> .	55-52°	O X 322 /
(N	ame of Person)'	(Ar	ea Code & I	Daytime Telepl	ione Number)
Nev Div Clii 266	REET/COUR v Filing Section ision of Corportion Building of Executive Clahassee, FL	on orations Center Circle	ESS:		MAILING A New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7
Enclosed is	a check for th	e following a	mount:			
□ \$70.00 E	Filing Fee	□S78.75 Fili Certificat	ng Fee & te of Status		Filing Fee & ed Copy	☐\$87.50 Filing Fee, Certificate of Status & Certified Copy



July 14, 2010

LAVERNE BOYER 1717 PARK ST. SUITE 250 NAPERVILLE, IL 60563

SUBJECT: JDA EHEALTH SYSTEMS, INC.

Ref. Number: W10000033216

We have received your document for JDA EHEALTH SYSTEMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of 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) 245-6962.

Letter Number: 210A00017166

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

			TES, THE FOLLOWING IS SUB NESS IN THE STATE OF FLORID	
	_	_		
(Enter name of co	orporation; must include "INCOR orp," "Inc," "Co," or "Corp.")	USTEINS PORATED," "C	///C, OMPANY," "CORPORATION,"	
N/	A		ted for the purpose of transacting bus	in we in Elected
2. /LA	under the law of which it is incorr	3 porated)	36 - 388 3480 (FEI number, if applicable	2)
(State of country	5/12/1003	_	0-00=- 11	,
4(Date	of incorporation)	5 (Du	PERPETUAL ration: Year corp. will cease to exist	or "perpetual")
(7	Librain	•	• •
6	(Date first transactor) (SEE SECTIONS 607.13	ed business in Flo 501 & 607.1502, I	rida, if prior to registration) F.S., to determine penalty liability)	
7 1414	PARK ST. #2	50 NAI	PERVILLE, 12 60.	563
/ ·	(Princip	al office address)		
	٠	AME		
	(Current	mailing address)	And the second s	
8.	Compute	e DATA	CENTER	₩.co ***
(Purpose(s			y to be carried out in state of Florida)	Eg :
9. Name and stree	t address of Florida registered	agent: (P.O. Bo	x NOT acceptable)	五百
Name:	ENAMES DUDE	EY		3 F
Office Address:	23190 FASI	410N DR	#/215	PH 3: 0: CF STATE PLORIDA
	ESTERO	TON PR	, Florida 33928	Am 33
	(City)		(Zip code)	
Having been nam designated in this further agree to co	application, I hereby accept to	he appointment Il statutes relati	f process for the above stated corp as registered agent and agree to d we to the proper and complete per n as registered agent.	act in this capacity. I
	ALLES	<		
	(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 business addresses of officers and/or directors:



As DIRECTORS

Chairman:	10 JUL 23 PM 3: 07
Address:	0500=1
ice Chairman:	
ldress:	
irector:	
ldress:	
irector:	
Idress:	
esident: JAMES D. DUDLEY ddress: 1717 PARK St. #2 NAPER VILLE, 16 60	
ce President: CRAIG W. LYON Idress: 1717 PARK ST. # _ NAPERVILLE, /h 6	250
cretary:	056.5
easurer:	
ldress:	
OTE: If necessary, you may attach an addendum to the	
(Signature of Director or Officer list) I. JAMES DUDLEY (Typed or printed name and capacit	

File Number

5731-287-4

10 JUL 23 PH 3: 07



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

JDA EHEALTH SYSTEMS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 13, 1993, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1018901180

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

JULY

A.D.

2010

SECRETARY OF STATE