### F00000002874 Zapor & Klassen, LLC

Attorneys at Law

Suite 150 2401 Research Boulevard Rockville, MD 20850-3227 (301) 258-9234 FAX (301) 721-4646

May 10, 2000

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

500003253355--1 -05/15/00--01163--008 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

Re: Eichler & Associates, Inc.

Dear Sir/Madam:

Enclosed is an "Application by Foreign Corporation for Authorization to Transact Business in Florida" for the above-referenced foreign corporation. Also enclosed is a Certificate of Existence issued by the State of Maryland and a check in the amount of \$70.00 to cover the filing fee. Please register the above-referenced corporation to transact business in Florida.

Please return the letter of acknowledgment and all other correspondence to the undersigned at the address set forth on this letterhead. If you should have any questions, please do not hesitate to call me at 301-258-9234.

Thank you for your assistance in this matter.

Sincerely,

. . . 1

Name Availability

Document
Examiner DCC
Enclosures

Hoda:

Updata:

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Verriyer G

Acknowledgement DCC

W. P. Verifyer DCC

Sincerery,

Kathryn H. Klassen

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EUUUUUCC3874

## 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.

l. <u>Eichle</u>	r & Associates, Inc	2 •	** <u> </u>		- mr 0 2 7 11	<del> </del>		
words or abbrev	ration; must include the word "INC riations of like import in language a partnership if not so contained in	s will clearly indica	te that it is	", "CORPORA a corporation i	ATION" or nstead of a			
^ Marvl	and	3	52 <b>-</b> 1	844202				
(State or country	and y under the law of which it is incorp	porated)	(F	El number, if	applicable)		<u>.</u>	-
(Dat	14/93 te of incorporation)	(Duration:	Year corp.	will cease to e	xistor "perpetual	")		
65 / 1	.5/00				T.S			
(Date first	t transacted business in Florida.) (S	EE SECTIONS 60	7.1501, 607.	1502 and 817	.155, F.S.)			
7. <u>108 Ch</u> a	sewood Circle		<del> </del>					
Palm Be	each Gardens, Flori	da 33418						
	(Current r	nailing address)		· · · · · · · · · · · · · · · · · · ·				
						SE SE	8	-
8. <u>Manage</u>	ement consulting se (s) of corporation authorized in hor	rvices		* .** .**	777 - 23-5	<del>- 52</del>	IO MAY 15	
Name:	Stephen Eichler		nisi.	ail Drop Box	NOT acceptable	RY OF STA SSEE, FLOA	5 AM II: 0	דונבט
Office Address:	108 Chasewood Circ	<u>le</u>			·		07	
	Palm Beach Gardens		, Florida, _	33418	_	-		
	=2-4		(Z	ip code)				
10. Registered	agent's acceptance:							
this application, k with the provision the obligations of		per and complete p	nd agree to erformance L re)	act in this cap of my duties,	acity. I further c and I am familia	agree to co ir with and	mpiy	
11. Attached is a Department of Sta	certificate of existence duly authenate, by the Secretary of State or other	ticated, not more the er official having cu	an 90 days pastody of con	prior to deliver porate records	y of this applicat in the jurisdiction	ion to the on under th	e law o	f

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

#### A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: Stephen Eichler Address: 108 Chasewood Circle Palm Beach Gardens, Florida 33418 Vice Chairman: Address: \_\_\_ Director: \_ Address: \_\_\_ Director: \_\_\_ B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Stephen Eichler Address: 108 Chasewood Circle Palm Beach Gardens, Florida 33418 Vice President: Address: \_\_ Secretary: \_\_Anita Eichler Address: 108 Chasewood Circle Palm Beach Gardens, Florida 33418 \_\_\_\_ Treasurer: Stephen Eichler Address: \_\_\_108 Chasewood Circle Palm Beach Gardens, Florida 33418 you may attach an addengum to the application listing additional officers and/or directors. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Stephen Eichler, President (Typed or printed name and capacity of person signing application)

#### ברים ברים

# STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT EICHLER & ASSOCIATES, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 05, 2000.

CRETARY OF STATE

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
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MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097