E000000004529 TRANSMITTAL LETTER

	TRANSMITTAL LETTER	- lug
Т	To: Qualification/Tax Lien Section Division of Corporations	
S	SUBJECT: Solls Ludin Eckert PC (Name of corporation - must include suffix)	
	(17amile of corporation)	
Γ	Dear Sir or Madam: 1000333003107/20/0001079004	-9
	The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida"; ************************************	00
F	Please return all correspondence concerning this matter to the following:	
	CRHG LLVOU	
	(Name of Person)	
	Sous LUDIN ECKERT PC W18642	
	Sous Ludw Eckert PC W18692 (Firm/Company)	
	POBOX 941419 F-4529	
	(Address)	
	MATLAND FL 32794-1419	
	(City/State/Zip)	
S	Should you need to call someone concerning this matter, please call:	
-	(Name of Person) at (407) 622-7060 (Area Code & Daytime Telephone Number)	10
S	STREET ADDRESS: MAILING ADDRESS: Qualification/Tax Lien Section Qualification/Tax Lien Section	
(Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations Division of Corporations P.O. Box 6327	
	Division of Corporations Division of Corporations P.O. Box 6327	
	409 E. Gaines St. Tallahassee, FL 32399 P.O. Box 6327 Tallahassee, FL 32314	
]	Enclosed is a check for the following amount:	
ſ	\$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee \& Certificate of Status \$\Bigcup \\$78.75 Filing Fee \& Certificate of Status \& Certified Copy \$\Bigcup \\$78.75 Filing Fee \& Certified Copy	



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 26, 2000

CRAIG L. LUDIN SOLIS LUDIN ECKERT, PC PO BOX 941419 MAITLAND, FL 32794-1419

SUBJECT: SOLIS LUDIN ECKERT, PC

Ref. Number: W00000018642

OO AUG TO PH 1: 47
SECALIVASSEE FLORID.

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

We can only list one mailing address on our database, so please indicate which address you would like us to use.

The registered agent must be effective at the time of filing: you cannot list a date in the future when the agent will become effective.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 800A00040772

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. Solls LVD/N ECKERT PC
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) PENNSYLVANIA
(State or country under the law of which it is incorporated)

3. 23-2628553
(FEI number, if applicable) 5. PERPETURE

(Duration: Year corp. will cease to existor "perpetual") 8-15-2000 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Current mailing address) C.P.A. SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designate in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to apply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ampt the obligations of my position as registered agent. (Registered agent's signature)

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

which it is incorporated.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application tohe

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction undethe law of

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: _ Address: _ Vice Chairman: __ Address: _ Director: Address: _ Director: Address: _ B. OFFICERS (Street address only - P.O. Box NOT acceptable) Address: Secretary: _ 11. Treasurer: _ SAME AS ABOVE 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) TREAS CRAIG LLVDIN (Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JULY 24, 2000

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT-

SOLIS LUDIN ECKERT, P.C.

OO AUG TO PH T: W

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office shows as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

DBOH