

Division of Corporations

**F00000004778**

Florida Department of State  
Division of Corporations  
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Fax Number : (850) 922-4003

From:  
Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
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Attention: *Lori Hammock, Corporate Paralegal*

*F00-4778*

|                |                    |
|----------------|--------------------|
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## FOREIGN PROFIT QUALIFICATION

ASSET Marketing Solutions, Inc.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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. ASSET Marketing Solutions, Inc.

(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.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 59-3656385

(FEI number, if applicable)

4. July 7, 2000

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 08/2000

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 6850 Belfort Oaks Place

Jacksonville, Florida 32216

(Current mailing address)

8. Promotions.

(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)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip code)

## 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 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.

C T Corporation System

PETER F. SOUZA

ASSISTANT SECRETARY

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

FL019 - 9/299 C T System Online

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## A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Gary ChartrandAddress: 6850 Belfort Oaks Place  
Jacksonville, FL 32216Vice Chairman: Roger L. McClungAddress: 6850 Belfort Oaks Place  
Jacksonville, FL 32216Director: Michael K. DiazAddress: 6850 Belfort Oaks Place  
Jacksonville, FL 32216

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Roger L. McClungAddress: 6850 Belfort Oaks Place  
Jacksonville, FL 32216

Chief Executive Officer: \_\_\_\_\_

~~Vice President~~ Gary ChartrandAddress: 6850 Belfort Oaks Place  
Jacksonville, FL 32216Secretary: Roger L. McClungAddress: 6850 Belfort Oaks Place  
Jacksonville, FL 32216Treasurer: Michael K. DiazAddress: 6850 Belfort Oaks Place  
Jacksonville, FL 32216

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Roger L. McClung  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Roger L. McClung, President & Secretary  
(Typed or printed name and capacity of person signing application)00 AUG 24 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASSET MARKETING SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEETH DAY OF AUGUST, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE  
DELAWARE  
FILED

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*Edward J. Freel*  
Edward J. Freel, Secretary of State

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AUTHENTICATION: 0607148

DATE: 08-08-00

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