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TRANSMITTAL LETTER

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J	Division of Corp			<u></u>	500U -10	1/20/707-3)1049— <u>01</u>
SUBJE	ст: <u>А</u> S	sist, I	NC.	on - must include suf	**	****87.50	******87
		(Name	of corporation	on - must include suf	fix)		
Dear Sir	or Madam:					₩~	2556
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Please re	eturn all correspo	ndence concernin	g this matte	r to the following:			
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	10,011 12	3,70777770	(Name of	Person)			
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For furth	ner information co	oncerning this ma	tter, please	call:		OO SE(TAL	
E/e	Name of Person	<i>IMAN</i> 2)	t (<u>6/4</u> (Area) 45/-679 Code & Daytime Tel	ephone Numbe	ûo	FILED
Registrat Division 409 E. G	r ADDRESS: tion Section of Corporations saines St. see, FL 32399			MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 33	on cations	PM II: 03 5 FSTATE FLORIDA	nta 0/24
Enclosed	l is a check for th	e following amou	int:			_	\int_{a+1}
570.0	0 Filing Fee	☐ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	Certi) Filing Fee, ficate of State	1

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. Asis	T. Inc:			-	•		-
words or abbrev	ration; must include the word " riations of like import in languar r partnership if not so containe	ige as will clearly	indicate that it is				
				10000			
2. State or country	of Illiwoi's y under the law of which it is i	ncorporated)	36:22	(FEI number, if appl	licable)		
(Date	26 - 1983 e of incorporation)		(Duration: Yea	ar corp. will cease to	exist or "perpeti	ıal")	
6. UE	on qualificated business in Florida. If co	ation					
(Date first transa		rporation has not ΓΙΟΝS 607.1501,			"upon qualificati	on.")	
7. <u>380</u>	Horsecreek (Pri	Drive,	#3 <i>0</i> 2	, Naples	, FL 39	<u> +110</u>	
	(Pri	ncipal office addr	ess)	,	•		
4663	3 Executive 3	Dr., Su	te 11,	Columb	us, 04	<u>432</u>	ےد
	(Cúi	тепt mailing addr	ess)				
8	anslation S s) of corporation authorized in	ervice.	ය untry to be carrie	ed out in state of Flor	SECRI TALLA	00-0	
9. Name and str	<u>eet address</u> of Florida reg	istered agent:	(P.O. Box or M	fail Drop Box <u>NO</u>	Γacceptable)		<u> </u>
Name:	Andrew Ba	7.55 ₀		- · · ·	SEE,	0	Π
Office Address:	380 Horsec	reek Dr.	#302	i i i i	FLOF	OCT 20 PH II: 03	J
	Naples (City)		, Florida	34110		03	
	(City)			(Zip code)	-		
Having been nan designated in thi further agree to	agent's acceptance: ned as registered agent and s application, I hereby acce comply with the provisions familiar with and accept th	ept the appointn of all statutes r	ent as register elative to the p	red agent and agre roper and complet	e to act in this te performance	capacit	
, –		ristered agent's si-	onature)				

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:

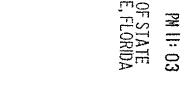
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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

hereby certify that ASIST, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE AUGUST 26, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS, CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUA REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF THE





In Testimony Whereof, I, hereto set

my hand an	d cause to be	affixed	the	Great	Seal	of
the State of	Illinois, this			117	CH	
day of	OCTOBER	A.1	D	200	00	•