

F00000005942

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: ABA, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CELESTE H. BELLINGHIERI
(Name of Person)
ABA, Inc.
(Firm/Company)
62 HOLLY LAWS
(Address)
MIDDLETOWN, CT 06457-6
(City/State/Zip)

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-09/01/00--01025--001
*****70.00 *****70.00

Should you need to call someone concerning this matter, please call:

CELESTE BELLINGHIERI at (860) 347-0014
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
OCT 24 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Availability	STREET ADDRESS:
Document Examination	Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399
Update	Enclosed is a check for the following amount: <input checked="" type="checkbox"/> \$70.00 Filing Fee <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status <input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

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

① RA info
② Name not available

W000000021884

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7 pages

700 310 608.671



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 6, 2000

CELESTE A BELLINGHERI
ABA INC
62 HOLLY LANE
MIDDLETOWN, CT 06457-6132

SUBJECT: ABA, INC.
Ref. Number: W00000021884

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

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 600A00047265



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 28, 2000

CELESTE A BELLINGHERI
ABA INC
62 HOLLY LANE
MIDDLETOWN, CA 06457-6132

SUBJECT: ABA, INC. D/B/A ABA, INC. OF CT
Ref. Number: W00000021884

We have received your document for ABA, INC. D/B/A ABA, INC. OF CT and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You didn't complete the application. You must complete section 9 and 10 of the application.

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) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 700A00051072

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned CELESTE H. BELLINGHIERI, do hereby certify
(Name)

that this Resolution of the Board of Directors of ABA, Inc.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of CT

was duly adopted on 7/1, 20 00

Be it resolved, that ABA, Inc.
(Corporate Name)

organized and existing in the State of CT, hereby adopts the name

ABA, Inc. of CT for use in Florida

Dated: 9/15/00

C Bell
Signature of either Chairman, Vice Chairman or any officer

CELESTE H. BELLINGHIERI
Type or print Name

SEC/TREAS.
ABA, Inc.

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. ABA, INC. OF CT
(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. CT
(State or country under the law of which it is incorporated)
3. 06-1586205
(FEI number, if applicable)
4. 7/1/2000
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 9/1/2000
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 62 HOLLY LAWE
MIDDLETOWN, CT 06457-613
(Current mailing address)
8. SALES MANAGER / SOFTWARE
(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: DARRYL GODFREY
Office Address: 6738 BOWLING DR.
SARASOTA, FL, Florida, 34231
(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.

X [Signature]
(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)

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TALLAHASSEE, FLORIDA

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

Chairman: ANDREW P. BELLINGHIERI (PRESIDENT/CEO)

Address: 62 HOLLY LANE
MIDDLETOWN, CT 06457

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: CELESTE H. BELLINGHIERI

Address: 62 HOLLY LANE

MIDDLETOWN, CT 06457

Treasurer: CELESTE H. BELLINGHIERI

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. [Signature] (CELESTE H. BELLINGHIERI)
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SEC/TREAS
(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

ABA, INC.

incorporated under the laws of Connecticut is in existence.



Secretary of the State

Date Issued: July 11, 2000

FILED

00 OCT 24 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA