

F00000006075<sup>4</sup>

TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Ability Services Network, 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:

Curt Muyres  
(Name of Person)

Ab.ility Services Network, Inc.  
(Firm/Company)

10416 Greendale Drive  
(Address)

600003439546--1  
-10/25/00--01089--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

TAMPA FL 33626  
(City/State/Zip)

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

Curt Muyres at ( 813 ) 918-5680  
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
00 OCT 26 PM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mntm

10/31

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

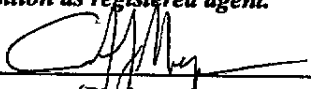
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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. Ability Services Network, 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. Georgia 3. 58-2556457  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/27/2000 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 3117 Main Street, Suite A Duluth, GA 30096  
(Principal office address)  
b. SAME  
(Current mailing address)
8. CASE MANAGEMENT AND COST CONTAINMENT 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)  
Name: Curt Muires  
Office Address: 10416 Greendale Drive  
TAMPA, Florida 33626  
(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.*

  
(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.

FILED  
00 OCT 26 PM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SUSANNE MARTINI

Address: 3117 Main Street, Suite A Duluth GA 30096

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

B. OFFICERS

President: SUSANNE MARTINI

Address: 3117 Main Street, Suite A, Duluth GA 30096

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. Susanne Martini  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SUSANNE MARTINI - Chairman & President  
(Typed or printed name and capacity of person signing application)

FILED  
00 OCT 26 PM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

CONTROL NUMBER: 0033877  
EFFECTIVE DATE: 07/27/2000  
COUNTY : GWINNETT  
REFERENCE : 0077  
PRINT DATE : 07/28/2000  
FORM NUMBER : 311

SUSANNE MARTINI  
STE A, 3117 MAIN STREET  
DULUTH, GA 30096

**CERTIFICATE OF INCORPORATION**

I, Cathy Cox, the Secretary of State and the Corporations Commissioner of the State of Georgia, do hereby certify under the seal of my office that

**ABILITY SERVICES NETWORK, INC.**  
**A DOMESTIC PROFIT CORPORATION**

has been duly incorporated under the laws of the State of Georgia on the effective date stated above by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.

FILED  
00 OCT 26 PM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Cathy Cox*

Cathy Cox  
Secretary of State