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ACCOUNT NO. : 072100000032

REFERENCE :

203355

7103152

AUTHORIZATION :

COST LIMIT

ORDER DATE: June 28, 2001

ORDER TIME: 11:03 AM

ORDER NO. : 203355-005

CUSTOMER NO: 7103152

CUSTOMER: Eric M. Borgia, Esq

Goodlette Coleman & Johnson,

Suite 300

4001 Tamiami Trail North

Naples, FL 34103

FOREIGN FILINGS 300004455833--3

NAME: BRIAN R. RIORDAN, INC.

XXXX QUALIFICATION (TYPE: <u>CO</u>)

BK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 1133

EXAMINER:

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 STATE OF FLORIDA:

. •	Brian R. Riordan, 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 instructor and actual person or partnership if not so contained in the name at present.)
2.	Wisconsin 3. 39-1557526 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	2/18/86 (Date of Incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")
6.	Upon Qualification
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7.	P. O. Box 13125 - Milwaukee, WI 53213 (Principal Office Address)
	(Current mailing address)
8.	Real Estate Services (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT
	acceptable) Kevin G. Coleman
	Name: Goodlette, Coleman & Johnson, P.A.
	Office Address: 4001 Tamiami Trail North, Ste. 300
	Naples , Florida , 34103 (Zip Code)
10	O. Registered agent's acceptance:
H	Taving been named as registered agent and to accept service of process for the above stated orporation at the place designated in this application, I hereby accept the appointment as egistered agent and agree to act in this capacity. I further agree to comply with the provisions of listatutes relative to the proper and complete performance of my duties, and I am familiar with

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.

(Registered agent's signature)

and accept the obligations of my position as registered agent.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Vice Chairman: Address: Director: Address: _____ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Brian R. Riordan Address: P.O. Box 13125 Milwaukee, WI 53213 Vice President: Susan L. Riordan Address: P.O. Box 13125 ___Milwaukee, WI 53213 Secretary: Susan L. Riordan Treasurer: Brian R. Riordan 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)

(Typed or printed name and capacity of person signing application)

Brian R. Riordan, President/ Treasurer

DOM 180 181 185

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator of the Division of Corporate & Consumer Services of the Department of Financial Institutions, do hereby certify that

BRIAN R. RIORDAN, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation if FEBRUARY 18, 1986.

I further certify that said corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 29, 2001.

RAY ALLEN, Administrator

Division of Corporate & Consumer Services

Department of Financial Institutions

BY: Oh

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.