FULULUO 3035 TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	0/6
-	
SUBJECT: EHA Consulting Gro	
(Name of corpo	oration - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted to transact business in Florida.	n for Authorization to Transact Business in Florida", d to register the above referenced foreign corporation
Please return all correspondence concerning this m	natter to the following:
Charles M. Delacruz	
EHA Consulting Group, In	50004459845—1 -07/05/01—01051—011 ******70.00 ******70.00
7904 Starburst Drive	
(4	Address)
Baltimore, Maryland 2120	8-3033
(City/St	ate and Zip code)
, •	*
For further information concerning this matter, plea	ase call:
Charles M. Delacruz at (4.	10) 484-9133
(Name of Person) (Ai	rea 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
Enclosed is a check for the following amount:	
\$\frac{1}{2}\delta	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certified Copy 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.

1EHA C	onsulting Group, Inc		· ·	
(Name of corp	oration; must include the word "INCO	RPORATE	ED", "COMPANY", "CORPORATION" or	_
words or abbro	eviations of like import in language as	will clearly	indicate that it is a cornoration instead of a	
natural person	or partnership if not so contained in the	ne name at p	present.)	
2 Manual a	- A	•	E0 10001E0	_
2. Maryla:	nce try under the law of which it is incorp-	3	52-1208153	_ =
	•	orawuj	(FEI number, if applicable)	
4. Februa:	ry 27, 1981	5.	- perpetual	
(Da	ate of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
V	ualification	_		
(Date first trans	sacted business in Florida. If corporat	ion has not	transacted business in Florida, insert "upon qualification."	<u>.</u>
	(SEE SECTIONS	5 607.1501,	607.1502 and 817.155, F.S.)	
7. 7904 S	tarburst Drive, Balts	imore.	Maryland 21208-3033	
		office addre		
7904 S	tarburst Drive, Balti	imore,	Maryland 21208-3033	· · · · · · · · · · · · · · · · · · ·
	(Current tr	nailing addre	P66)	,
	(=====================================			
- To enga	se inceanitation nod	1+ aan+	rol and related public and env	
			intry to be carried out in state of Florida).	ronmental.
(Turpose	c(s) of corporation authorized in nome	state of cou	intry to be carried out in state of Florida).	fields.
9. Name and st	reet address of Florida registere	d agent: ((P.O. Box or Mail Drop Box NOT acceptable	0
		,		<u> </u>
Name:	Melvin N. Kramer		<u> </u>	=
000 411	5994 Newport Villa	ıqe Wav	, is a second of the second of	5 E
Office Address:			<u></u>	
	Lake Worth		Florida 33463	
	(City)		Florida 33463 Florida (Zip code)	Ę
	(0.9)		(Zip code)	5
10. Registered	agent's acceptance:		5 '''	***
		cept servic	ce of process for the above stated corporation at the	nlace
designated in th	is application, I hereby accept the	appointm	ent as registered agent and agree to act in this cap	icitv. I
further agree to	comply with the provisions of all	statutes_re	lative to the proper and complete performance of n	ıv
duties, and I am	familiar with and accept the obli	gations of	my position as registered agent.	•
	- Cal			•
	7 .			

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)

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

DIRECTORS		
airman:Melvin N. Kramer		
dress:5994 Newport Village Way		
Lake Worth. Florida 33463		<u> </u>
e Chairman:	•	
ress:		
ector:	<u> </u>	
ress:		<u> </u>
	14. 0 = 12.	
ector:		
ress:		
ress:		-
Lake Worth, Florida 33463	·	·
President:		
ress:		
oforse	· · · · · · · · · · · · · · · · · · ·	
ress:		
surer:		· ·
ress:		
TE: If necessary, you may attach an addendum to the application listing a	additional officers and/or direct	ors.
10		 · · · <u></u>
(Signature of Chairman, Vice Chairman, or any officer listed	in number 12 of the application)
Melvin N. Kramer, President (Typed or printed name and capacity of person signif		

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT EHA CONSULTING GROUP, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 03, 2001.

Paul B. Anderson Charter Division

Paul B. Undan

