# FOLOGOS3668 TRANSMITTAL LETTER

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Registration Section Division of Corpo				- + + <del>4</del> 1.
SUBJECT:	Masuasman	+ Columbian T.		-
	(Name of corpora	tion - must include suffix)	· C ·	
Dear Sir or Madam:	-			
The enclosed "Application "Certificate of Existence", to transact business in Flor	and check are submitted to	or Authorization to Transac o register the above referer	ct Business in Flonced foreign corpo	rida", oration
Please return all correspond		•	0004214 -05/14/010 *****78.75	5317 1064-011 *****78.75
	VEFSON (Name	of Person)	<u> </u>	<del>المنائب</del> يل هو من <u>مهوي</u>
IT Manag	rement Sol	Company)	اهدن	-1115
	(Firm/C	Company)		171.50
534 SLIP	pery Bock	Rood dress)  and Zip code)		
, , ,	(Add	dress)	<u> </u>	
Weston F	<u>-1 33327</u>	7		· 1
	(City/State	and Zip code)		A September 1977 - A Market 1977
For further information cond	erning this matter, please	call:		
David Everson (Name of Person)	n at (94/	<u> </u>	ne Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the fo	ollowing amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	O1 JUL 12 AM 8: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	<del>.</del>
	678.75 Filing Fee & ☐ Certificate of Status	\$78.75 Filing Fee & (Certified Copy	□ \$87.50 Filing F Certificate of	

Certified Copy



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 16, 2001

DAVID C EVERSON 534 SLIPPERY ROCK RTD WESTON, FL 33327

SUBJECT: IT MANAGEMENT SOLUTIONS, INC.

Ref. Number: W01000011105

We have received your document for IT MANAGEMENT SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 601A0002966

12 M 8: 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. T. T. Management Solution, 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.) Delaware
(State or country under the law of which it is incorporated)

3. 52-222400
(FEI number, if applicable) 4. April 24, 2000 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") 6. Sunt if carrier (Date first transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) ppers Rock Road Weston FL33327
(Current mailing address) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 534 Slippery Rock Acad

Weston, Florida 33327

(City) (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.

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:

A. DIRECTORS	
Chairman:	
	The state of the s
Vice Chairman:	and the second s
Director:	en 2004. Or The company
Director:	· · · · · · · · · · · · · · · · · · ·
Address:	
B. OFFICERS	
President: David C E verso	7
Address: 534 Slippery R	ock Rood
Weston, Fl 333	27
Vice President:	
Address:	
	Fio III
Secretary:	FSTA & D
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the	application listing additional officers and/or directors.
13. Tand Everson	
/ \	or any officer listed in number 12 of the application)
4. David C. EVErsong Pr.	esident
(Typed or printed name and capac	city of person signing application)

### State of Delaware

#### Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IT MANAGEMENT SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JUNE, A.D. 2001.

O1 JUL 12 M 8: 12
SECRETARY OF STATE



Harriet Smith Windson, Secretary of State

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010277989

AUTHENTICATION: 1186331

DATE: 06-13-01