

FOI 000004197

Requester's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Capital Management Services, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☒ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☒ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG -9 PM 12:41

APPROVED
AND
FILED

100004450691--2

-06/28/01--01105--015

*****70.00 *****70.00

FOI-4197
OR
W01-15020

NOT RECORDED
TO ACHIEVE
SUFFICIENCY OF FILING

RECEIVED
DIVISION OF CORPORATIONS
2001 JUN 28 PM 2:15



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 28, 2001

LEXIS

SUBJECT: CAPITAL MANAGEMENT SERVICES, INC.
Ref. Number: W01000015020

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG - 9 PM 12:41

APPROVED
AND
FILED

We have received your document for CAPITAL MANAGEMENT SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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.

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) 487-6051.

Tammi Cline
Document Specialist

Letter Number: 401A00039114

2201 Niagara St
Buffalo, NY 14207
Tel: (716) 871-9050
Fax: (716) 871-9045

Capital Management Services, Inc.

August 2, 2001

Dan Saxon, Director
Division of Finance
Department of Banking and Finances
Capital Building
East Gaines St.
Tallahassee, FL 32399-0350

Be it known:

The Board of Directors of Capital Management Services, Inc., a corporation qualified to do business in the State of Florida, do hereby resolve this 3rd day of August, 2001, to adopt the name **Capital Management Services Group Inc. (NY)**

for the purpose of conducting business in the State of Florida. The Board of Directors acknowledges that Capital Management Services, Inc., doing business in the State of Florida under the modified corporate name of **Capital Management Services Group Inc. (NY)** approved by the secretary of state, shall use the modified name in its dealings and communications with the secretary of state.


authorized signature

President
title

State of New York

County of Erie

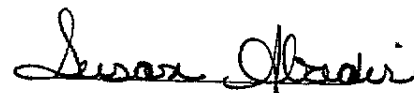
I certify that this is true and correct copy of a resolution in the possession of

CAPITAL MANAGEMENT SERVICES, INC.

Name of corporation in home state

Aug 2, 2001
date

SUSAN ABADIR
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 04/21/2002


signature of notarial officer

**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. Capital Management Services, 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. NY 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Sept 20, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Approval
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2201 Niagara St
Buffalo NY 14207
(Current mailing address)
8. Bill Collections
(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: LEXIS Document Services Inc.

Office Address: 3953 W.W. Kelley Road

Tallahassee, FL 32311
(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.

Mary Jo Parole, Assistant Secretary
(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.

01 AUG -8 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Dan Abadir

Address: 14 Park Trail Lane

Cheektowaga NY

Director: Jeffrey Hauser

Address: 195 Claude Dr

Buffalo NY 14206

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

President: Jeffrey Hauser

Address: 2201 Niagara St

Buffalo NY 14207

Vice President: Dan Abadir

Address: 2201 Niagara St.

Buffalo, NY 14207

Secretary: Susan Godios

Address: 2201 Niagara St

Buffalo NY 14207

Treasurer: Karen Kraska

Address: 2201 Niagara St.

Buffalo, NY 14207

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

13. _____

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

14. Jeffrey A. Hauser, President

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

APPROVED
AND
FILED
01 AUG - 8 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of New York } ss:
Department of State**

I hereby certify, that the Certificate of Incorporation of CAPITAL MANAGEMENT SERVICES, INC. was filed on 09/28/2000, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

I further certify, that no other documents have been filed by such Corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 22nd day of June
two thousand and one.*

Special Deputy Secretary of State