# Fologood 5083

TO: Registration Section Division of Corporations
SUBJECT: <u>eWebSupplies</u> , <u>Inc.</u> (Name of corporation - must include suffix)
(Name of corporation - must include surfix)
Dear Sir or Madam: 700004572847
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:
SUSAN BANKOSZ. (Name of Person)
COMPUTECH ACCOUNTING SYSTEMS, INC. (Firm/Company)
11850 9TH ST N , STE 13114 (Address)
ST PETERSBURG, FL 33716 PETERSBURG, FL 34716 PETERS
For further information concerning this matter, please call:
TONU BROWU at (727) 823-1588 70 4
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount:  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
\$70.00 Filing Fee \$\Boxed{\sigma} \$78.75 Filing Fee & \$\Boxed{\sigma} \$78.75 Filing Fee & \$\Boxed{\sigma} \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 12, 2001

SUSAN BANKOSZ COMPUTECH ACCOUNTING SYSTEMS INC 11850 9TH ST N STE 13114 ST PETERSBURG, FL 33716

SUBJECT: EWEBSUPPLIES, INC. Ref. Number: W01000021136

We have received your document for EWEBSUPPLIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

A brief description of the entity's nature of business must be included in the document.

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) 245-6043.

Shawn Logan Document Specialist

Letter Number: 701A00051129

FILED
2001 SEP 27 PN 3: 38
DIVILION OF CCRPORATIONS
ALLAHASSEE FIRE

### 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. (Name of corporation; must more and more recokporated", "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) 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.) AVENUE NORTH, ST PETERSBURG, FI (Principal office address) ST PETERSBURG AVENUE NORTH. (Current mailing address) Opies, Fax Printes Supplies Reselles
(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: BARBARA FARNSWORTH Office Address: PETERSBURG , Florida 33 (City) (Zip 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. Barbara a. Fl (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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_ Address: \_ Vice Chairman: \_\_ Address: \_ Director: Address: \_ Director: Address: \_ B. OFFICERS President: ANTONU 198 Montana AVENUE NE Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Lairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity 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 "EWEBSUPPLIES, 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 NIÑTH DAY OF AUGUST, A.D. 2001.



Warriet Smith Windson, Secretary of State

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AUTHENTICATION: 1288072

DATE: 08-09-01