FOLOOOOSSSA TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		10/24
SUBJECT: FIDELITY CREAT SEA (Name of corporation	RVICES TNCDRPOR - must include suffiv)	ATED
Dear Sir or Madam. 00789 - 00310 - The enclosed "Application by Foreign Corporation for A "Certificate of Existence", and check are submitted to reg	uthorization to Transact Busines	s in Florida".
Please return all correspondence concerning this matter to CADON FULL (Name of P	o the following: CLISH Person) SINC pany) 50000	1-23844 046310954
18505 PAULSON DR. SUFFE (Address PORT CHARLOWS / FLORES (City/State and	** SS) A	;/11/0101029001 ***70.00 *****70.00
For further information concerning this matter, please call Gordon SNGCISH at (941) (Name of Person) (Area Co	ode & Daytime Telephone Numb	FILED 01 OCT 24 PM SECRETARY OF 1 TALLAHASSEE, FI
Registration Section Division of Corporations 409 E. Gaines St.	MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	3:24 STATE FLORIDA
	Certified Copy Cert	50 Filing Fee, tificate of Status & tified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 15, 2001

GORDON ENGLISH 18505 PAULSON DRIVE, SUITE C-7 PORT CHARLOTTE, FL 33954

SUBJECT: FCS, INC.

Ref. Number: W01000023844

We have received your document for FCS, 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 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.

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

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 301A00057040

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned	(Name)	-	, do hereby certify	٠.		
that this Resolution of the Board of Dire	ctors of #	DELTTY CRE	DET SPRUP	SFS.		
INCORPORATED WE	(Corporate Name	auc. :)			, "	1 : 1 :
a corporation duly organized and existing was duly adopted on	ng under the laws o	of the State of D2	LAWARE , 2001	•	.	:
Be it resolved, that FCS	TWC	orporate Name)		_*.	v	
organized and existing in the State of	BELAWAN	COPPORATED	ereby adopts the name for use in Florid	a. 	. •	
Dated: 10-19-01			·	SECRETAR FALLAHASS	01 0CT 24	=======================================
	• •	n, Vice Chairman or a	ny officer	Y OF STATI EE, FLORII	, PM 3: 2	
GOR	DON ENG	print name	7	DE A	<u> </u>	

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

:::--

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION O	107.1503, FLOŘIDA STAT	UTES, THE FOLLOWING IS SUI	BMITTED TO
REGISTER A FOREIGN CORPORAT	TON TO TRANSACT BUS	INESS IN THE STATE OF FLOR	IDA.
1. PENELLTY CREW	SEMPLE	INTORPORATOR	FCS, INC
(Name of corporation; must include th			or
words or abbreviations of like import i	n language as will clearly ind	licate that it is a corporation instead or	fa
natural person or partnership if not so	contained in the name at pres	ent.)	
2. DELAWARS	3	65-1134967	
2. DELAWAS (State or country under the law of which	h it is incorporated)	(FEI number, if applicabl	e)
(Date of incorporation)	<u> 21 </u>	buration: Year corp. will cease to exis	t or "nemetual")
(Date of meosporation)	(D	aration. Total outp. with course to the	tor posperuar)
6. UPON QUALIFICA	ITTON		
(Date first transacted business in Florid	la. If corporation has not tran SE SECTIONS 607.1501, 60	nsacted business in Florida, insert "up 7 1502 and 817 155 F.S.)	on qualification.")
•			
7. 18505 PAULSON	DR SUITE	C-7 PORT CHARLOS	FT9, FL 33954
	(Principal office address))	
	(Current mailing address))	
8. CREDET REPOR	T 5A155	ry to be carried out in state of Florida)	O
(Purpose(s) of corporation author	orized in home state or countr	ry to be carried out in state of Florida)	
9. Name and street address of Flor	ida registered agent: (P	O Boy or Mail Drop Boy NOT a	CCT 24 PM OCT 24 PM RETARY OF ANASSEE, F
			AR 2
Name: GORDON	ENGLISH	<u>_</u>	
-A= - 0		_	
Office Address: 1850S PAUCSO	w BR. SUTTE C-	· ?	LOS SE
Done Crimora	-6	Florida 38954	24 RID
(City	r <u>f</u>)	(Zip code)	. •
,			
10. Registered agent's acceptance:			
Having been named as registered ag designated in this application, I here	ent and to accept service	of process for the above stated co et as registered agent and goves t	rporation at the place
further agree to comply with the pro			
duties, and I am familiar with and a			
			_
	(Registered agent's signa	ture)	

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.

i. dire	CTORS
Chairman:	
\ddress: _	
_	
ice Chain	nan;
irector:	
_	
irector:	
.ddress:	GORDON ENGLISH 18505 PAULSON DR. PORT CHARLOFTE, FL 33954
	ent:
ddress:	
_	
ddress:	
reasurer: _	
ddress:	
OTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.
3	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
4	GORDON ENGLISH PROJDENT

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 "FCS, 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2001.



Warriet Smith Windson
Harriet Smith Windson, Secretary of State

2222859 8300

010471374

AUTHENTICATION: 1361205

DATE: 09-26-01