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FOI 000005636

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADM CONSULTANTS, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

LUCEE A WALLACE SEC. / TREAS.
(Name of Person)

ADM CONSULTANTS, INC

(Firm/Company)

P.O. Box 1889

(Address)

NAPLES, FL 34106-1889

(City/State and Zip code)

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*****87.50 *****87.50

For further information concerning this matter, please call:

LUCEE WALLACE
(Name of Person)

at (941) 403-8766
(Area 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

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

mtm
16/30

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. ADM CONSULTANTS, 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. NORTH CAROLINA 3. 56-1639678
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06 JAN 1989 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 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.)
7. 14 RIVARD RD NAPLES, FL 34112
(Principal office address)
P.O. Box 1889 NAPLES FL 34106-1889
(Current mailing address)
8. CONSULTING WORK
(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: LUCEE A. WALLACE SEC/TREAS
Office Address: 14 RIVARD RD
NAPLES, Florida 34112
(City) (Zip code)

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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.

Lucee A. Wallace
(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: RICHARD L. WALLACE

Address: 14 RIVARD RD
NAPLES FL 34112

Vice Chairman: _____

Address: _____

Director: LUCEE A. WALLACE

Address: 14 RIVARD RD
NAPLES FL 34112

Director: _____

Address: _____

B. OFFICERS

President: RICHARD L. WALLACE

Address: _____

Vice President: _____

Address: _____

Secretary: LUCEE A. WALLACE

Address: _____

Treasurer: LUCEE A. WALLACE

Address: _____

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

13. Richard L. Wallace
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. RICHARD L. WALLACE CHR/PRES.
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

ADM CONSULTANTS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 6th day of January, 1989, with its period of duration being Perpetual.

I **FURTHER** certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of October, 2001.

Elaine F. Marshall
Secretary of State