

# F010000005782

CORPORATION(S) NAME

Single Source Solution, Inc.

FILED  
01 NOV -6 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
01 NOV -6 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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|---|---|---|
| <input checked="" type="checkbox"/> Profit    | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                       |
| <input checked="" type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                         |
| <input checked="" type="checkbox"/> Foreign   | <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Limited Partnership  | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Change of RA                 |
| <input type="checkbox"/> LLC                  | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                          |
| <input type="checkbox"/> Fictitious Name      | <input type="checkbox"/> UCC                    | <input type="checkbox"/> CUS                          |
| <input type="checkbox"/> Certified Copy       | <input type="checkbox"/> Photocopies            |   |
| <input type="checkbox"/> Call When Ready      | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30                   |
| <input checked="" type="checkbox"/> Walk In   | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up <b>BK</b> |
| <input type="checkbox"/> Mail Out             |   |   |

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
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Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

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MS

(P)

Order#: 4895681  
600004669576--7  
-11/06/01--01062--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

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.

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NOV 8 PM 3:39  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

1. Single Source 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.)
2. Maryland 3. 52-2230208  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 5, 2000 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. November 1, 2001  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. \_\_\_\_\_  
905 A Commerce Road, Annapolis, MD 21401  
(Current mailing address)

8. Communication Management  
(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)

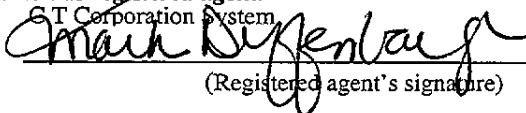
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324  
(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.*

C T Corporation System  
  
(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 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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

President: Brendan Kelly

Address: 905-A Commerce Road, Annapolis, MD 21401  
\_\_\_\_\_

Vice President: Matthew Davis

Address: 905-A Commerce Road, Annapolis, MD 21401  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**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. Matthew Davis

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

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SINGLE SOURCE SOLUTION, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 05, 2001.

*Paul B. Anderson*

Paul B. Anderson  
Charter Division

