

CT CORPORATION SYSTEM

# F02000000297

CORPORATION(S) NAME

Callahan Associates, A Professional Corporation

02 JAN 15 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit   | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input checked="" type="checkbox"/> Foreign  | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark <b>BK</b>     |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <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 |
| <input type="checkbox"/> Mail Out            |   |   |

02 JAN 15 PM 11:42

RECEIVED

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

1/15/02

Order#: 4965145

100004775401--4

-01/15/02--01042--002

Ref#: \*\*\*\*\*70.00 \*\*\*\*\*70.00

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

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

FILED  
02 JAN 15 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 15, 2002

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: CALLAHAN ASSOCIATES, PROFESSIONAL CORPORATION  
Ref. Number: W02000001252

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

Please note that we have RETAINED your \$70.00 payment.,

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) 245-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 002A00002156

please batch-date  
RECEIVED  
02 JAN 17 PM 2:24  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

FILED  
JAN 15 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Kevin Callahan, do hereby certify  
(Name)

that this Resolution of the Board of Directors of Callahan Associates, Professional Corporation

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Indiana  
was duly adopted on March 28, 1988.

Be it resolved, that Callahan Associates, Professional Corporation  
(Corporate Name)

organized and existing in the State of Indiana, hereby adopts the name  
Kevin Callahan Associates, Professional Corporation for use in Florida.

Dated: 1/16/2002

  
Signature of either Chairman, Vice Chairman or any officer

Kevin Callahan

Type or print name

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**

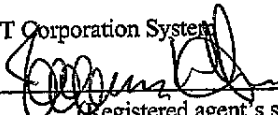
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

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02 JUN 15 PM 4:41  
T. S. SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Callahan Associates, . Professional Corporation  
(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. Indiana 3. 35-1735252  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 28, 1988 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. 8719 Castle Park Drive, Indianapolis, IN 46256  
(Principal office address)  
8719 Castle Park Drive, Indianapolis, IN 46256  
(Current mailing address)
8. Architectural Services  
(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  
(City) (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.*

By: CT Corporation System Jeffrey R. Graves  
 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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JAN 15 PM 4:41  
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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Kevin Callahan  
Address: 8719 Castle Park Drive, Indianapolis, IN 46256  
\_\_\_\_\_  
Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Secretary: Joan Callahan  
Address: 8719 Castle Park Drive, Indianapolis, IN 46256  
\_\_\_\_\_  
Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

13. Kevin Callahan  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  
14. Kevin Callahan, President  
(Typed or printed name and capacity of person signing application)

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

FILED  
02 JAN 16 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greeting:

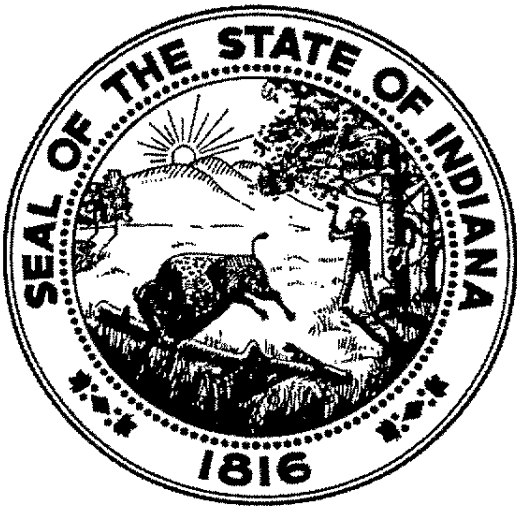
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**CALLAHAN ASSOCIATES, PROFESSIONAL CORPORATION**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 28, 1988, and was in existence or authorized to transact business in the State of Indiana on November 19, 2001.

I further certify this Domestic Professional Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Nineteenth Day of November, 2001.

*Sue Anne Gilroy*

SUE ANNE GILROY, Secretary of State