

# FD2000001474

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Knights Software, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

100005135051--9  
-03/19/02-01072--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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:

Donna Howell  
(Name of Person)  
Knights Software, Inc.  
(Firm/Company)  
P. O. Box 4138  
(Address)  
Florence, South Carolina 29502  
(City/State and Zip code)

FILED  
02 MAR 19 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Donna Howell at (843 ) 662-8684  
(Name of Person) (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

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

FD2-1474

**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. Knight Software, 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. South Carolina 3. 57-0960670  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 8/27/92 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 §17.195, F.S.)

7. 4329 Byrnes Blvd. Florence, South Carolina 29506  
(Principal office address)

Post Office Box 4138, Florence, South Carolina 29502  
(Current mailing address)

8. Sale of customized computer software  
(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: Ed Hand

Office Address: HCC Billing and Search Services, Inc.  
526 East Park Avenue  
Tallahassee, Florida 32301  
(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.*

Ed Hand, Pres  
(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.

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

A. DIRECTORS

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

B. OFFICERS

President: Mark Knight

Address: 4329 Byrnes Blvd.

Florence, South Carolina 29506

Vice President: Donna Howell

Address: 3342 Ebenezer Chase

Florence, South Carolina 29501

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

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

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

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

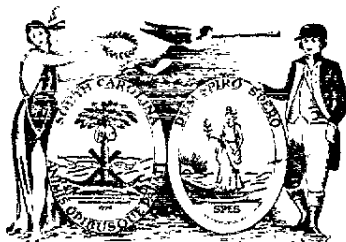
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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Donna Howell  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Donna Howell, Vice President  
(Typed or printed name and capacity of person signing application)

# The State of South Carolina



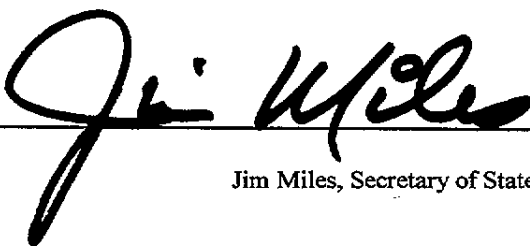
## Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that

### **KNIGHT SOFTWARE, INC.,**

a corporation duly organized under the laws of the State of South Carolina on **August 27th, 1992**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 1st day of February, 2002.



Jim Miles, Secretary of State

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