F07000002400 TRANSMITTAL LETTER TO: **Registration Section** Division of Corporations -ncorporated SUBJECT: (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: (Name of Person) ·05/07/02--A1A78 ****78.75 (Firm/Company) RIINGTON (Address) (City/State and Zip code) 3 For further information concerning this matter, please call: at (, (Name of Person) (Area Code & Daytime Telephone Number) ž STREET ADDRESS: MAILING ADDRESS: **Registration Section Registration Section** Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 - Tallahassee, FL 32314 Enclosed is a check for the following amount: **\$78.75** Filing Fee & \$70.00 Filing Fee □ \$78.75 Filing Fee & _ □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

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. <u>Picke Hamilton and Stern Inc</u> (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CURPORATION" or |
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| (Name of corporation; must include the word integration of the second of a 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.) |
| natural person of partnersing in not so contained in the name of processing |
| 2 |
| (State of country under the new of which the interpreters) |
| 4. <u>October 14 1986</u> 5. <u>(Duration: Year corp. will cease to exist or "perpetual")</u> |
| |
| 6 Upon qualityration |
| 6. <u>(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")</u> |
| (Date first transacted beamers in There is a second |
| 1 6931 Arlington Road Sitte 400, Bethesda, MD 20814 |
| (Principal office address) |
| 1931 Aplington Road Suite 400, Bethesda, MO 20814 |
| (Current mailing address) |
| |
| |
| 8. <u>Cebt Collection</u> (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) |
| 9. Name and street address of Fiorital registered again (contracting the first of t |
| Name: CT 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.

Lauren Greco, Asst. an (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:

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A. DIRECTORS

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| Chairman: | <u> </u> | |
|--------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address: | | |
| | 1 | |
| | | |
| Vice Chairman: | | |
| Address: | | |
| | | |
| Director: | | |
| Address: | <u> </u> | 1. <u>2.</u> 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. |
| | | = = : |
| Director: | <u></u> | |
| Address: | | |
| | | |
| B. OFFICERS | | una de la companya de La companya de la comp |
| | 02 TAL | |
| President: Michael E Sobota | | |
| Address: Pierce, Hamilton and Stern, Inc. | | _ |
| 6931 Arlington Rodd #400 Bethesda, MD 20814 | -7 SEE | , ' |
| Vice President: Stephen W Sobota | FS PH D | — · · |
| AddressPierce,Hamilton and Stern, Inc. | | ' · · · · · |
| 6931 Arlington Road # 400 Bethesda, Md 20814 | | |
| | | |
| Secretary: | 4 | |
| Address: | <u></u> | ·· |
| Treasurer: | | <u></u> |
| Address: | | <u></u> |
| | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers ar | ad/or directors. | |
| 13. | | |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the | application) | • |
| 14. Michael E Sobota President | · · · · · · · · · · · · · · · · · · · | |
| (Typed or printed name and capacity of person signing application) | | |

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STATE OF MARYLAND Department of Assessments and Taxation

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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 PIERCE, HAMILTON AND STERN, 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 IN SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AF BALTIMORE ON THIS MAY 02, 2002.

Paul B. Unchron

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 0001756819 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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