JASHBYKA. FORZONO WAR STREW 33
ACCOUNT HUMBER: FCA00000005
REFERENCE: 1732227 (Sub Account)
DATE: 5-15
REQUESTOR HAME: Lexis Document Services
ADDRESS:
TELEPHONE: () () uxt (
CORPORATION MAKE: Synchronous Solutions, Inc.
DOCUMENT NUMBER: (if applicable)
AUTHORIZATION: Golden (Woodyard () Con =
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY
() Call When Ready () Call if Problem () After 4:30 () Walk In () Will Halt () Pick Up () Hail Out

900005538129--8

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSAC 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.

Illinois		3.	36-3151893	
(State or country	under the law of which it is inc	•	(FEI number	, if applicable)
February 24,		5. perpetual		
(Da	te of incorporation)	(Duration	: Year corp. will cease	to exist or "perpetual")
May 1, 2				
(Date firs	t transacted business in Florida.)	(SEE SECTIONS 6	07.1501, 607.1502 and	817.155, F.S.)
200 West Ma	dison, Suite 2150			
Chicago, Illin	ois 60606	-		
	(Curre	nt mailing address)		
IT Consulting	and professional services co	nsulting		
(Purpose	(s) of corporation authorized in l	nome state or country	to be carried out in stat	e of Florida)
. Name and sti	eet address of Florida regis	stered agent: (P.C). Box or Mail Drop B	ox NOT acceptable)
Name: LexisNexis Document Solutions, Inc.		ions, Inc.	-	·
office Address:	3953 W. Kelley Road	_	_	
	Tallahassee	. -	, Florida, <u>32311</u>	
			_ ,	 .

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.

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

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

A. DIKE	CTORS (Street address only - F.O. Box NOT acceptable)
Chairman	··
Address:	- 1950 My 1
_	
Vice Chai	irman:
	Office S
Director:	John Sterling
Address:	200 West Madison, Ste. 2150
1 1001E35.	Chicago, Illinois 60606
D:	
Address:	
B. OFFI	ICERS (Street address only - P.O. Box NOT acceptable)
President:	Jahre Charling
Address:	200 West Madison, Ste. 2150
. 1441033.	Chicago, Illinois 60606
Vice Dreci	ident.
	ident:
Address:	
~	John Sterling
Secretary:	Same
Address:	
	John Sterling
Treasurer:	Same
Address:	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	John Harting
مأما	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. <u>Join</u>	(Typed or printed name and capacity of person signing application)

File Number ______



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



Desse White