

F02000003116

TO: Registration Section
Division of Corporations

SUBJECT: BIZCO DIRECT SALES, INC.
(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:

EDMUND BREVENING
(Name of Person) 800005753158--6
BIZCO TECHNOLOGIES
(Firm/Company) -06/11/02--01050--001
*****78.75 *****78.75
7950 O STREET
(Address)
LINCOLN, NE 68510 W02-17106
(City/State and Zip code)

For further information concerning this matter, please call:

Ed Brevening at (402) 323-4800
(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

8/1

02 JUN 19 PM 1:19
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORP'DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Ed Lary
DATE: 6/19/02
REF. #: RA0235.7305
CORP. NAME: Bizco Direct Sales, Inc.

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

STATE FEES PREPAID WITH CHECK# _____ FOR \$ _____

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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02 JUN 19 AM 10:18
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SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 12, 2002

EDMUND BRUENING
BIZCO TECHNOLOGIES
7950 O STREET
LINCOLN, NE 68510

SUBJECT: BIZCO, INC.
Ref. Number: W02000017106

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SECRETARY OF CORPORATIONS
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We have received your document for BIZCO, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 note that this adopted name is for use in Florida only, and does not affect your filing in Nebraska in any way. Please also note that you are not allowed to form the new name by adding "Florida" or "of Florida" to the name. You may wish to call the number below to check any name you'd like to adopt.

A brief description of the entity's nature of business must be included in the document.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 902A00038509

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RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned EDMUND F. BRUENING, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

BIZCO, INC

(Corporate Name)

a corporation duly organized and existing under the laws of the State of NEBRASKA

was duly adopted on JUNE 18, 2002

Be it resolved, that BIZCO, INC
(Corporate Name)

organized and existing in the State of NEBRASKA, hereby adopts the name

BIZCO DIRECT SALES, INC for use in Florida.

Dated: 6/18/02

Edmund F. Bruening
Signature of either Chairman, Vice Chairman or any officer

EDMUND F. BRUENING
Type or print name

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Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

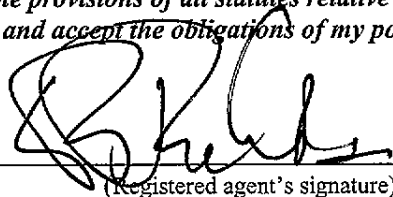
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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.

1. BIZCO, 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. NEBRASKA 3. 47-0782514
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. OCT 1994 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. JAN 1, 2002
(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. 7950 O STREET, LINCOLN, NE 68510
(Principal office address)
7950 O STREET, LINCOLN, NE 68510
(Current mailing address)
8. RETAIL COMPUTER SALES
(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: CORP DIRECT AGENTS, INC.
Office Address: 103 N. MEEDIAN ST.
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.


(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: _____

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DIVISION OF CORPORATIONS
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B. OFFICERS

President: PAUL W. ZOZ

Address: 6730 S 42ND STREET LINCOLN, NE 68516

Vice President: _____

Address: _____

Secretary: EDMUND F. BRUENING

Address: 1141 TWIN RIDGE RD LINCOLN, NE 68510

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. PAUL W. ZOZ PRESIDENT

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

STATE OF

NEBRASKA



United States of America,
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

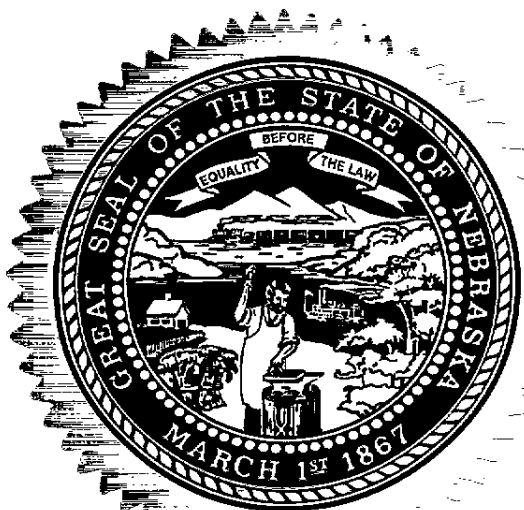
BIZCO, INC.

was duly incorporated under the laws of this state on October 7, 1994
and do further certify that no occupation taxes assessed are unpaid
and no annual reports are delinquent; articles of dissolution have not
been filed and said corporation is in existence as of the date of this
certificate.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on June 6, in the year
of our Lord, two thousand two.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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John A. Gale
SECRETARY OF STATE