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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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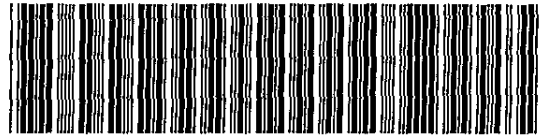
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2003 JAN 30 AM 10:38  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN FEB - 3 2003

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INTEGRATED DOCUMENT SYSTEMS, 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:

ROBERT WING

(Name of Person)

INTEGRATED DOCUMENT SYSTEMS, INC.

(Firm/Company)

7000 W. 14TH AVENUE, SUITE 21-22

(Address)

HALEAH, FL 33014

(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

EMMA WING

(Name of Person)

at (305) 231-6138

(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

**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. INTEGRATED DOCUMENT SYSTEMS, 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. COLORADO 3. 47-0893994  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/07/02 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. 7000 W. 12<sup>TH</sup> AVE, STE. 21-22 HIALEAH, FL 33014  
(Principal office address)  
SAME  
(Current mailing address)
8. ANY LAWFUL BUSINESS  
(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: ROBERT WING  
Office Address: 7000 W. 12<sup>TH</sup> AVE, STE 21-22  
HIALEAH, Florida 33014  
(City) (Zip code)

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**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.*

Robert Wing  
(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: ROBERT C. WING

Address: 7000 W. 12<sup>TH</sup> AVE, STE 21-22

HIALEAH, FL 33014

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

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

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

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

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

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

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B. OFFICERS

President: ROBERT C. WING

Address: 7000 W. 12<sup>TH</sup> AVE, STE 21-22

HIALEAH, FL 33014

Vice President: Emma C. Wing

Address: 6990 Glen Eagle Dr.

Miami Lakes, FL 33014

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

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

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

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

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

13. Robert Wing

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

14. Robert Wing President

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



# STATE OF COLORADO

## DEPARTMENT OF STATE CERTIFICATE

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2003 JAN 30 AM 10:39  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado,  
hereby certify that, according to the records of this office,

INTEGRATED DOCUMENT SYSTEMS, INC.  
(Colorado CORPORATION )  
File # 20021277183

was filed in this office on October 7, 2002 and has complied with the applicable provisions  
of the laws of the State of Colorado and on this date is in good standing and authorized and  
competent to transact business or to conduct its affairs within this state.

Dated: December 30, 2002

### For Validation:

Certificate ID: **621956**

To validate this certificate, visit the following  
web site, enter this certificate ID, then follow the  
instructions displayed.

[www.sos.state.co.us/ValidateCertificate](http://www.sos.state.co.us/ValidateCertificate)

*Donetta Davidson*

SECRETARY OF STATE