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1003-7739 MARYAN MAR 18 2003

J. BRYAN APR 1 4 9005

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: JOAN JORGENSON, 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:				
JILL M. TIMMONS, CPA				
(Name of Person)				
TIMMONS, EDWARDS & COMPANY, PC				
(Firm/Company)				
7315 WISCONSIN AVENUE, SUITE 420E				
(Address)				
BETHESDA, MARYLAND 20814-3222				
(City/State and Zip code)				
For further information concerning this matter, please call:				
JILL M. TIMMONS at (301) 654-6565				
(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 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy				



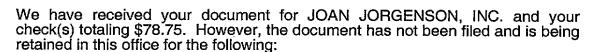
FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 18, 2003

JILL M. TIMMONS, CPA TIMMONS, EDWARDS & COMPANY, PC 7315 WISCONSIN AVE., STE. 420E BETHESDA, MD 20814-3222

SUBJECT: JOAN JORGENSON, INC.

Ref. Number: W03000007739



Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

We retained your certificate from Maryland in our office.

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) 245-6043.

Joey Bryan



Document Specialist

Letter Number: 503A00016680

MISTAL SECTIONS

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. JOAN JOF	RGENSON, INC.		
(Name of corpo words or abbrev	ration; must include the word "INCORPORAT viations of like import in language as will clearl or partnership if not so contained in the name at	eD", "COMPANY", "CORPORATION" or y indicate that it is a corporation instead of a present.)	
2. MARYLAN	D	52-1874549 (FEI number, if applicable)	2
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	\sim
4. APRIL 1		PERPETUAL	4/5
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	۲.,
6. 01/01/02			Ö.
(Date first transa	acted business in Florida. If corporation has no	t transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)	15
_{7.} 515 HOR	N POINT DRIVE, ANNAPOLIS, MA	RYLAND 21403-3325	و چ د د
	(Principal office add	dress)	
17026 PA	ASSAGE NORTH, JUPITER, FLOR	IDA 33477-1203	ا التاسيد ا
	(Current mailing add		
。 EXECUTI\	/E SEARCH AND CONSULTING S	ERVICES	. % <u>*</u>
(Purpose)	(s) of corporation authorized in home state or co	envices ountry to be carried out in state of Florida)	والمسامة وال
9. Name and str	reet address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)	
Name:	JOAN JORGENSON	<u> </u>	п
Office Address:	17026 PASSAGE NORTH	taring the second the state of the state of the second of	- A A
	JUPITER	; Florida 33477-1203 (Zip code)	
	(City)	(Zip code)	
Having been nat		vice of process for the above stated corporation at the place tment 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 which it is incorporated.

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

A. DIRECTORS

Chairman: Vice Chairman: Address: __ Director: JOAN JORGENSON Address: 17026 PASSAGE NORTH, JUPITER, FLORIDA 33477-1203 Director: **B. OFFICERS** President: __JOAN JORGENSON Address: 17026 PASSAGE NORTH, JUPITER, FLORIDA 33477-1203 Secretary: JOAN JORGENSON Address: 17026 PASSAGE NORTH, JUPITER, FLORIDA 33477-1203 Treasurer: Address: NOTE: If necessary, you may atach an addendum to the application listing additional officers and/or directors. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) JOAN JORGENSON A CONTROL OF THE PROPERTY OF T (Typed or printed name and capacity of person signing application)

STATE OF MARYLAND

Department of Assessments and Taxation

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 JOAN JORGENSON, 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 THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 04, 2003.

Paul B. Anderson Charter Division

Pay B. andre



MO RA I PARE PLORIDAS

301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097