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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

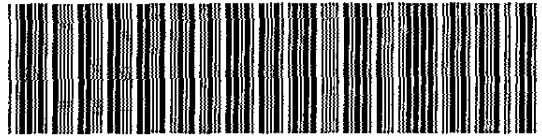
(Business Entity Name)

(Document Number)

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F.I.C.U.  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Certified Internal Audits, 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:

William M. Forsythe

(Name of Person)

CIA Inc.

(Firm/Company)

413 Walnut Street, #5131

(Address)

Green Cove Springs, FL 32043-3443

(City/State and Zip code)

For further information concerning this matter, please call:

Wm. M. Forsythe

(Name of Person)

at ( 404 ) 348-5900

(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:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|--|

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**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. Certified Internal Audits, 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. Arkansas, USA

(State or country under the law of which it is incorporated)

3. 42-1543672

(FEI number, if applicable)

4. 07-23-2002

(Date of incorporation)

5. Perpetual

(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. 413 Walnut Street, #5131    Green Cove Springs, FL 32043-3443

(Principal office address)

413 Walnut Street, #5131    Green Cove Springs, FL 32043-3443

(Current mailing address)

8. All legal business purposes.

(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: William M. Forsythe

Office Address: 413 Walnut Street, #5131

Green Cove Springs, Florida 32043-3443


(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.*

  
(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: William M. Forsythe

Address: 413 Walnut Street, #5131

Green Cove Springs, FL 32043-3443

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

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

Director: Dorothy J. Forsythe

Address: 413 Walnut Street, #5131 Green Cove Springs, FL 32043-3443

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

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

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**B. OFFICERS**

President: William M. Forsythe

Address: 413 Walnut Street, #5131

Green Cove Springs, FL 32043-3443

Vice President: \_\_\_\_\_

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

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

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

Treasurer: Dorothy J. Forsythe

Address: 413 Walnut Street, #5131 Green Cove Springs, FL 32043-3443

**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. William M. Forsythe, President

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



**Arkansas Secretary of State  
Charlie Daniels**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**CERTIFIED INTERNAL AUDITS, INC.**

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office July 23, 2002.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 20th day of July 2003.



Charlie Daniels  
Secretary of State

Online Certificate Authorization Code: d7307cbf4a9efda

To verify the Authorization Code, visit [www.sosweb.state.ar.us](http://www.sosweb.state.ar.us)