

F03000005334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500023196925

03/29/03--01091--009 **87.50

03/29/03
01:13:37
F03000005334

F03-5334:
Al

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Commercial Data 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:

Roanne Abe

(Name of Person)

Commercial Data Systems, Inc.

(Firm/Company)

50 S. Beretania Street, Suite C-208B

(Address)

Honolulu, HI 96813

(City/State and Zip code)

For further information concerning this matter, please call:

Roanne Abe

(Name of Person)

at (808) 527-2060

(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 3, 2003

ROANNE ABE
50 S. BERETANIA STREET, SUITE C-208B
HONOLULU, HI 96813

SUBJECT: COMMERCIAL DATA SYSTEMS, INC.
Ref. Number: W03000028440

We have received your document for COMMERCIAL DATA SYSTEMS, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 103A00054365

FILED

**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. Commercial Data Systems, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

CDS, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Hawaii

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

3. 99-0247359

(FEI number, if applicable)

4. May 5, 1986

(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. 50 S. Beretania Street, Suite C-208B, Honolulu, HI 96813

(Principal office address)

50 S. Beretania Street, Suite C-208B, Honolulu, HI 96813

(Current mailing address)

8. Computer integration, resale of computer hardware, software and related products

(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: **Mark Stafne**

Office Address: **1400 Briarcliff Drive**

Orlando

(City)

, Florida **32806**

(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.

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

A. DIRECTORS

Chairman: Mark Wong

Address: 50 S. Beretania Street, Suite C-208B
Honolulu, HI 96813

Vice Chairman: _____

Address: _____

Director: Guy Merola

Address: 50 S. Beretania Street, Suite C-208B
Honolulu, HI 96813

Director: Kim Gilbert

Address: 50 S. Beretania Street, Suite C-208B
Honolulu, HI 96813

B. OFFICERS

President: Mark Wong

Address: 50 S. Beretania Street, Suite C-208B
Honolulu, HI 96813

Vice President: Guy Merola

Address: 50 S. Beretania Street, Suite C-208B
Honolulu, HI 96813

Secretary: Roanne Abe

Address: 50 S. Beretania Street, Suite C-208B, Honolulu, HI 96813

Treasurer: Guy Merola

Address: 50 S. Beretania Street, Suite C-208B, Honolulu, HI 96813

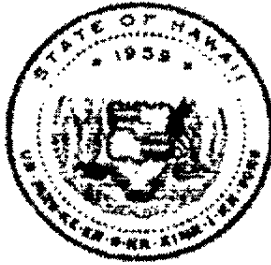
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Roanne Abe, Secretary

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



Department of Commerce and Consumer Affairs

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department

COMMERCIAL DATA SYSTEMS, INC.

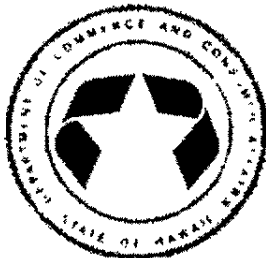
was incorporated under the laws of Hawaii on 05/05/1986; that it is an existing corporation in good standing, and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: 10/15/2003

Maul E. Reddenwald

Director of Commerce and Consumer Affairs



To validate the authenticity of this certificate, please visit the website address listed below and enter the authorization number:

<http://www.ehawaii.gov.org/cogsval>

Auth. No. 63833-D1-20031015191123136