F03000000005

(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:
W03-33914

Office Use Only



400024076134

11/06/03--01014--017 **78.75

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November 14, 2003

STEVEN P. ERICKSON 2435 US HWY 19 STE 530 HOLIDAY, FL 34691

SUBJECT: U.S. BUSINESS SOLUTIONS INC.

Ref. Number: W03000033914

We have received your document for U.S. <u>BUSINESS SOLUTIONS INC.</u> and your check(s) totaling \$78.75. 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) 245-6094.

Letter Number: 903A00062038

Agnes Lunt Document Specialist

FILED

TRANSMITTAL LETTER

03 NOV 21 PH 12: 05

Certified Copy

THE MASSEE, FLORIDA TO: Registration Section Division of Corporations **SUBJECT:** 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: (Name of Person) City/State and Zip code) For further information concerning this matter, please call: at (727) 137-2|80

(Area Code & Daytime Telephone Number) STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$78.75 Filing Fee & Certificate of Status □ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA	A STATUTES, THE FOLLOWING IS SUBMITTED TO PH 12: 05
REGISTER A FOREIGN CORPORATION TO TRANSAC	I BOSHYESS IN THE STATE OF FLORIDA.
1. U.S. AUSINISS Johntons, INC.	LLAHASVEE, FLORID
(Enter name of corporation; must include "INCORPORAT" "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
mo, co., co.p,, co, c. co.p.	
(If name unavailable in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)
2. IOWA	3. 42-1524159
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 12/21/02	5
(Date of indorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. 10 13 03	
	not transacted business in Florida, insert "upon qualification.") 501, 607.1502 and 817.155, F.S.)
2435 118 Hule 19 St. 520	HOLIDAY, FL 34691
7. Principal office	
2435 US HWU 19 Str 530	HOLIOHU 11 34691
(Current mailing	address)
8. MEDICAL Billing AND Softwar	1 Salas to Medical Practices
(Purpose(s) of corporation authorized in home state of	or country to be carried out in state of Florida)
9. Name and street address of Florida registered ager	nt: (P.O. Box or Mail Drop Box NOT acceptable)
Name: TOUT RICUSON	
7426 18 Huly 19 St.	530
Office Address: 4733 W TWW 14771	0166.
alo libh	, Florida 3464(
(City)t	(Zip code)
10. Registered agent's acceptance:	
	ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statut	es 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.
X	1
term / Faicus	son
(Registered agent's signatu	ure)
11. Attached is a certificate of existence duly authentica	ted, 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	<i>=</i> = •	FILED
Chairman:		03 110V 21 PM 12: 05
Address:	*	, LL AMASSEE, FLORIDA
Vice Chairman:		
Address:		
Director:		
Address:		
Director:	<u></u> ·	-
Address:		,
B. OFFICERS President: Accusol		
Address: 2435 WS Huy 19 Ste 530		
Vice President: JA36 KS HWW 19 Sty 530		
Nohon 10 31/61		
Secretary: Sori FRICKSON		
Address:		
Treasurer: RICKSON		
Address:		-
NOTE: If necessary, you may attach an addendum to the app	lication listing additional office	ers and/or directors.
Signature of Director or Officer listed in num	nber 12 of the application)	
(Typed or printed name and capacity	of person signing application)	



Date [1172] /2003 03 NOV 21 PH 12: 05

STAIL

SECRETARY OF STATE

490 DP-000259806 U.S. BUSINESS SOLUTIONS, INC. US BUSINESS SOLUTIONS, INC. ATTN:STEVE ERICKSON 2435 US HWY 19 STE 530 HOLIDAY, FL 34691

CERTIFICATE OF EXISTENCE

I, CHESTER J. CULVER, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.



CHESTER J. CULVER

SECRETARY OF STATE

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