## F04000001738

•		
(Re	questor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
		· · · · · · · · · · · · · · · · · · ·
0-1-11-1-1-1	505 - Off	
Special Instructions to	rung Omcer.	
		]

Office Use Only



700030557157

03/22/04--01011--002 \*\*87.50

OL MAR 19 PM 1:21

M03/31/0

7/

## TRANSMITTAL LETTER

Division of Co							
SUBJECT: TMG C	onsulting, Inc.						
			ion - must include suffi:	x)			
Dear Sir or Madam:							
The enclosed "Applica "Certificate of Existent transact business in Flo	ce", and check ar	Corporation for e submitted to	or Authorization to Trans o register the above refer	sact Business in Florenced foreign corp	orida", oration to		
Please return all corres	pondence concer	ning this matt	er to the following:				
Gary M. Galluzzi				_	·		
		(Name	of Person)				
TMG Consulting, In	ic.				2 3		
(Firm/Company)							
9210 Honeycomb I	)rive	(Δ.Δ.	dress)	<u> </u>	SIGNE OF CO		
Austin, TX 78737		(Au	urcss)		PH PH		
		(City/State	e and Zip code)		9 PH 1:21		
For further information	concerning this	matter, please	call:				
Gary M. Galluzzi		at (512	) <b>288-2655</b>				
(Name of Pers	on)		a Code & Daytime Telep	ohone Number)			
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399	ns		MAILING ADDRE Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions			
Enclosed is a check for	the following ar	nount:					
☐ \$70.00 Filing Fee	S78.75 Fili Certificate		□ \$78.75 Filing Fee & Certified Copy	& \$87.50 Filing Fee, Certificate of Status & Certified Conv			

## 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 TMG CONS	ULTING INC.			
(Enter name o	f corporation; must include "INCORPORATED,"	"COMPANY,"	"CORPORATION,"	
"Inc.," "Co.,"	"Corp," "Inc," "Co," or "Corp.")			
(If name unav	ailable in Florida, enter alternate corporate name a	dopted for the p	urpose of transacting busine	ess in Florida)
2. Texas	5 3	74-26	99550	
(State or count	5 3. ry under the law of which it is incorporated)	(	FEI number, if applicable)	~ `
4. 2/24	te of incorporation) 5.	Perpet	tual	
(Da	ate of incorporation)	(Duration: Yea	r corp. will cease to exist or	"perpetual")
6. Upon	Qualification			李 郭
(Date first trans	sacted business in Florida. If corporation has not (SEE SECTIONS 607.1501,			qualification ")
7. 9210			· · · · · · · · · · · · · · · · · · ·	o Pl
/ <del></del> _	Honeycomb Drive, Aus (Principal office address	ess)		- 3
Same		112 June 11	i Samuel Samuel	. 2
	(Current mailing addre	ess)		· ·
Total	constimute also also a acco	.115	C. Allera	
	mation technology consects of corporation authorized in home state or cou			
		-	·	. 44 \
y. Name and <u>St</u>	reet address of Florida registered agent: (	P.O. Box of Ma	all Dtob Box MOT acceb	table)
Name:	C T Corporation System			- '
Office Address:	1200 South Pine Island Road		and the second s	
	Plantation		3239 <i>8</i>	
	(City)	, Florida _	33324 (Zip code)	
10 Bastatana			, ,	
	agent's acceptance: med as registered agent and to accept service	e of process for	r the above stated corpor	ation at the place
designated in th	is application, I hereby accept the appointme	ent as registere	ed agent and agree to act	in this capacity. I
	comply with the provisions of all statutes rel ar with and accept the obligations of my posi			mance of my duties,
2	C T Corporation System		G	
	Ву:	KIRK HO		
	(Registered agent's signature)	ASSISTAN	T SECRETARY	
	a certificate of existence duly authenticated, n	at mana than O	A dans maion to delinem.	Citin aumliantian ta

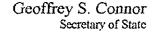
the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

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

A. DIRE	CIURS										
Chairman:	·	- <del></del>									
Address:			""							. •	18 12 2 2 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4
Addios.	* _	<del>-</del> ·		· · · ·	<u> </u>						
	<del></del>	-						<del></del>		:	
Vice Chair	rman:		· · · · · · · · · · · · · · · · · · ·			·	<u></u>	·* <u></u>	<u>1: , - </u>		<u> </u>
4.4							# ** ·	;. <u>-</u> .			
Address:		<del></del>	<u> </u>	===				<u></u>			
				<u> </u>				<u> </u>	<u> ä.</u>	<u>,</u>	<u> </u>
Director:		.—							=		tu 1 <del>j. 122</del> ga La la la la
		-		<u>.</u>							
Address:		· <del></del>	*	<u> </u>	<del></del>		<u> </u>		<del></del>	<del></del>	
-				<u></u>				<u> </u>		<u> </u>	<u> 1 - 11 14 14 14 14 14 14 14 14 14 14 14 14 </u>
Director:									-d.,		
			,		<del></del>	-					
Address:	·	<u></u>	<u> </u>	=_=_	<del></del>	* **				<u> </u>	<u> </u>
					<u> </u>	<del>;</del>			<u> </u>	OL MAR	Sicci
B. OFFI	CEDC									<del>7</del> 2	유로그
										ص َ	600
President:	Gregory E. Galluzz	<u> </u>		<u> </u>		<u> </u>	<u> </u>				रू किना इ.स.
Address:	9210 Honeycomb D	rive, Aus	tin, TX	7873	7			·			N 35
									· # ·	1	OHS 21
	<u> </u>	<del></del>		<u> </u>			<u> </u>	<u> </u>			2.4
Vice Presi	ident:		<del></del>	£		<del>.</del>		<b>€</b>	· ·		
Address:	a de la composición		<u>=</u>			<del>-</del> -	<u> </u>	·	٠.	<del>.</del>	<u> </u>
											,
			<del></del>	<del></del>		<u> </u>			<del></del>	<del></del>	<del></del> `
Secretary:		<u></u>		<u> </u>	·		·	<u> </u>	<u> </u>	-	
Address:		* 1.7 <b>3=4</b> ME + -		2		• <u></u>			· <u>-</u>		<u> </u>
										-	Tr. = .
Treasurer:	·		<u> </u>	· <u> </u>		<u>ريو ريو -م</u>	<u>*</u>	<del>-</del>			<u> </u>
Address:		<u> </u>		<u> </u>	<u> = .</u>	<u> </u>	<u> </u>	<u> </u>		2	- 10 ( ) E
	•										
NOTE:	If pegessary, you may a	ittach an a	ddendum	to the	application	on listing	; additiona	l officer:	s and/or d	irectors.	
12 (	Coen S	all	1.4								
13.	Signature of Di	rector or	ificer lis	ted in	number 1	2 of the	application	1)			
, Gra	egory E. Galluzzi, Pr								.*		
14,	(Typed	or printed	name and	d capac	ity of per	son sign	ing applica	ation)			<u>-</u>
	/ VI = "	•				_	- • •	-			

Corporations Section 'P.O.Box 13697 Austin, Texas 78711-3697





## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for TMG CONSULTING, INC. (filing number: 130256500), a Domestic Business Corporation, was filed in this office on February 24, 1994.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 19, 2004.



Geoffrey S. Connor Secretary of State

PHONE(512) 463-5555 Prepared by. Virginia Suniga