F04000001770

| (Re | questor's Name) | |
|-------------------------|---------------------|----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone # |) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name |) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates of | f Status |
| Special Instructions to | Filing Officer: | |
| | | : |
| | | |
| | | |

Office Use Only



700027998267

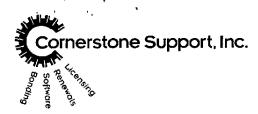
02/04/04 -01035--004 **75.75

04 MPR -1 PM 12: 27

CLASSESS OF CORPORATIONS

TRANSMITTAL LETTER

| Division of Corporation | s | | |
|---|--|--|---|
| SUBJECT: LMS Services, I | nc, | | |
| | (Name of corpora | tion - must include suffix) | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by F "Certificate of Existence", and c to transact business in Florida. | oreign Corporation f heck are submitted t | or Authorization to Transac o register the above referen | t Business in Florida", ced foreign corporation |
| Please return all correspondence | concerning this mat | ter to the following: | |
| | Cristy H | all | 0 12 |
| | (Name | of Person) | |
| | Cornerstone | Support, Inc. | |
| | (Finn/C | Company) | - CE |
| | 16 Norcross | s St. Suite 101 | PH 2: |
| | (A | ddress) | 22 |
| | Roswell | GA 30075 | <u></u> |
| | (City/Sta | te and Zip code) | |
| For further information concern | ing this matter, pleas | se call: | |
| Cristy Hall | at (| 770-587-4595 | |
| (Name of Person) | (Are | ea Code & Daytime Telepho | one Number) |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following | owing amount: | MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 | ns |
| | 8.75 Filing Fee & ertificate of Status | T \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certificate of Status & Certified Copy |



Florida Secretary of State Secretary of State 409 East Gaines St. Tallahassee, FL 32399

WOY 6732

Monday, February 02, 2004

Dear Florida Secretary of State,

Please find enclosed the Certificate of Authority application and fee for LMS Services, Inc. They have hired Cornerstone Support, Inc. to file this on their behalf. If you have any questions please feel free to call me at 770-587-4595.

Please mail any correspondence to: Cornerstone Support, Inc. Attn: Cristy Hall 16 Norcross St. Suite 101 Roswell, GA 30075

Sincerely,

Licensing Specialist

Cornerstone Support, Inc.



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 17, 2004

CORNERSTONE SUPPORT, INC. ATTN: CRISTY HALL 16 NORCROSS ST. SUITE 101 ROSWELL, GA 30075

SUBJECT: LMS SERVICES, INC. Ref. Number: W04000006732

We have received your document for LMS SERVICES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return 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) 245-6958.

Letter Number: 604A00010755

Lee Rivers Document Specialist



Florida Secretary of State Secretary of State 409 East Gaines St. Tallahassee, FL 32399

AHN: fee Rivers

Wednesday, March 31, 2004

Dear Florida Secretary of State,

Please find enclosed the requested Resolution of Board of Directors adopting a fictitious name for use in the state of Florida. Please note that the originally filed documents and \$78.75 fee are being retained by your office. LMS Services, Inc., has hired Cornerstone Support, Inc. to file this on their behalf. If you have any questions please feel free to call me at 770-587-4595.

Please mail any correspondence to:

Cornerstone Support, Inc.

Attn: Cristy Hall 16 Norcross St.

Suite 101

Roswell, GA 30075

Sincerely,

Cristy Hall

Licensing Specialist

Cornerstone Support, Inc.

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

| I, the undersigned Robert L. Delisio | , do hereby certify |
|---|---------------------------------------|
| (Name) | |
| | • |
| that this Resolution of the Board of Directors of LMS Services, Inc. | <u> </u> |
| • \ | • |
| | • |
| (Corporate Name) | , |
| a corporation duly organized and existing under the laws of the State of Ohio | |
| - | 3 65. |
| was duly adopted on March 29, 2004. | |
| The language of the LMS Services Inc | 3 89° |
| Be it resolved, that LMS Services, Inc. (Corporate Name) | · · · · · · · · · · · · · · · · · · · |
| | 27 |
| organized and existing in the State of Ohio . , h | ereby adopts the name |
| LMS Services of Ohio, Inc. | for use in Florida. |
| • | |
| Dated: 3/23/04 | • |
| Dated: 3/25/51 | • |
| · · · · · · · · · · · · · · · · · · · | • |
| Signature of either Chairman, Vice Chairman or an | y officer |
| | • |
| Robert L. Delisio | |
| Type or print name | |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE 97TH SECTION 60 7.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| | 3 | 34-1822870 | | |
|--|---|--------------------------|---------------------|-------------|
| (State or country under the law of which it is incorporate | ed) | (FEI num) | ber, if applicable) | |
| 2/14/96 | _ 5. Perpet | ual | | |
| (Date of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") | | | rpetual") |
| upon qualification | | | | |
| (Date first transacted business in Florida. If corporation (SEE SECTIONS 6 | | | | fication.") |
| 1268 N. River Rd., Suite 1 | | Warren | OH 44483 | |
| (Principal of | fice address) | | | |
| | | | | |
| (Current mai | ling address) | | | |
| | | | | o |
| Debt Collection | | | | 2 |
| (Purpose(s) of corporation authorized in home sta | ate or country to | be carried out in s | tate of Florida) | |
| | agent: (P.O. I | Box or Mail Drop | o Box NOT acceptab | le) 🚣 🗧 |
| O. Name and street address of Florida registered | | * | • | <u></u> |
| O. Name and street address of Florida registered | | | | 70 0 |
| Name and street address of Florida registered Name: Corporation Service Company | | | | 21 H d |
| | | | | PH 12: 2 |
| Name: Corporation Service Company Office Address: 1201 Hays Street | | 22201 | | e) PH12: 27 |
| Name: Corporation Service Company Office Address: 1201 Hays Street Tallahassee | | Florida 32301 | | PH12: 27 |
| Name: Corporation Service Company Office Address: 1201 Hays Street | | Florida 32301 (Zip co | ode) | PH12: 27 |

(Registered agent's signature)
Maureen Cullen, Asst. Vice-President

I 1. 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: Address: Vice Chairman: _ Address: Director: __ Address: __ Director: Address: _ B. OFFICERS President: See Attached List of Officers Address: Vice President: __ Address: Secretary: _ Address: Treasurer: NOTE: If necessary, you may attach 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) Robert L. Delisio President (Typed or printed name and capacity of person signing application)

LMS Services, Inc. LIST OF DIRECTORS / OFFICERS

PRESIDENT / DIRECTOR

Robert Louis Delisio

1268 N. River Rd., Suite 1

Warren

OH

44483

330-372-6800

VICE PRESIDENT / DIRECTOR

William Jeffrey Buskey Jr.

1268 N. River Rd., Suite 1

Warren

OH 44483

330-372-6800

SECRETARY / DIRECTOR

Rokki Rogan

1268 N. River Rd., Suite 1

Warren

OH

44483

330-372-6800



UNITED STĂTES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show LMS SERVICES, INC., an Ohio Corporation, Charter No. 933309, having its principal location in Warren, County of Trumbull, was incorporated on February 14, 1996, and is currently in GOOD STANDING upon the records of this office.

OF UNITED AND STATE OF CHANGES



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 29th day of January, A.D. 2004.

Ohio Secretary of State