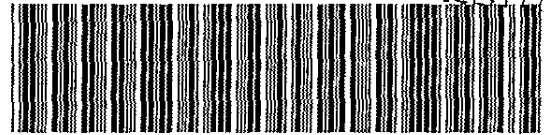


**F04000002245** FILED

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TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

2004 APR 16 P 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 8, 2004

MARKUS D. HARDY  
P.O. BOX 19588  
JACKSONVILLE, FL 32245

SUBJECT: STRATEGYNICS CORPORATION  
Ref. Number: W04000013810

We have received your document for STRATEGYNICS CORPORATION 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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 204A00023111

TRANSMITTAL LETTER

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TO: Registration Section  
Division of Corporations

2004 APR 16 P 1:39

SUBJECT: **STRATeGYNICS CORPORATION** [Note: just as written with small "e"]  
(Name of corporation - must include suffix)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

**Markus D. Hardy**

(Name of Person)

**STRATeGYNICS CORPORATION**

(Firm/Company)

**P.O. Box 19588**

(Address)

**Jacksonville, FL 32245**

(City/State and Zip code)

For further information concerning this matter, please call:

**Melba Hardy**

(Name of Person)

at ( **904** ) **728 -4741**

(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

## 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.

FILED

1. **STRATEGYNICS CORPORATION** [note: just as written with small "e"]  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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TALLAHASSEE, FLORIDA

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

2. **South Carolina** 3. **57 - 1131815**  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. **01/18/2002** 5. **Perpetual**  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. **02/01/2003**  
(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. **75 Beattie Place, Greenville, South Carolina 29601**  
(Principal office address)
- 75 Beattie Place, Greenville, South Carolina 29601**  
(Current mailing address)

8. **Management Consulting Services, Information Technology Services, Project Management Services**  
(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: **Business Filings Incorporated**

Office Address: **680 East Jefferson Street**

**Tallahassee**

(City)

, Florida **32301**

(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: **Markus D. Hardy**

Address: **P.O. Box 19588**  
**Jacksonville, FL 32245**

Vice Chairman: **Melba M. Hardy**

Address: **P.O. Box 19588**  
**Jacksonville, FL 32245**

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

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

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

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

**B. OFFICERS**

President: **Markus D. Hardy**

Address: **P.O. Box 19588**  
**Jacksonville, FL 32245**

Vice President: **Melba M. Hardy**

Address: **P.O. Box 19588**  
**Jacksonville, FL 32245**

Secretary: **Markus D. Hardy**

Address: **P.O. Box 19588, Jacksonville, FL 32245**

Treasurer: **Melba M. Hardy**

Address: **P.O. Box 19588, Jacksonville, FL 32245**

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. **Markus D. Hardy, President**

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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# *The State of South Carolina*



## *Office of Secretary of State Mark Hammond* **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

***STRATEGYNICS CORPORATION,***

a corporation duly organized under the laws of the State of South Carolina on **January 18th, 2002**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of  
the State of South Carolina this 4th day of  
March, 2004.

*Mark Hammond*

Mark Hammond, Secretary of State