# F04000002725

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

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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Preferred Office Solutions, 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:		
Stephanie Flood		
Stephanie Flood : 3	S	
Preferred Office Solutions, Inc.  (Firm/Company)	35.50	
13151 Zori Lane	Ų	
(Address)		
Windermere, FL 34786 (City/State and Zip code)		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Stephanie F1000 at (301) 443-5614  (Name of Person) (Area Code & Day time Telephone Number)		
(Name of Person) (Area Code & Day time 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 \$\ \text{Certificate of Status} \text{Status} S78.75 Filing Fee &		

# 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.			
Preferred Office Solutions Ina			
1. Preferred Office Solutions Inc.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")			
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)			
2. Corgia 3. 27-007/553 (State or country under the law of which it is incorporated) (FEI number, if applicable)			
4. $\frac{10-09-03}{\text{(Date of incorporation)}}$ 5. $\frac{1}{\text{(Duration: Year corp. will cease to exist or "perpetual")}}$			
6. Allow 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. 13151 Zori Lane, Windermere, Fl Bolluson 34786 (Principal office address)  13750 W. Colonial Dr. Suite 350 # 103, Winter Garden F			
(Principal office address)			
13750 W. Colonial Dr. Suite 350 # 103 Winter Garden F			
(Current mailing address) 34787			
8. Expanding Service area (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: Kelly Krisad D'ConnoR  Office Address: 13151 Zori Lane			
Office Address: 13151 Zori Lane			
Windermere, Florida 34786 (City) (Zincode)			
$\frac{\mathcal{O}(V) \times \mathcal{O}(Z)}{(Zip code)}$			
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: Kelly # Mobel O'Connor
Address: 13151 Zori Lane
Windermere, FL 34786
Vice Chairman: Stephanie Flood
Address: 1680 Independence TR.
<u>Cumming</u> , # 6A 30040
Director: Christopher O'Connor
Address: 13151 Zori Lane
Windermere, FL 34786
Director: Daniel Flood 2 5
Address: 1680 Independence TRail
<u>Cumming</u> , GA 30040
B. OFFICERS
President: Stephanie Flood
Address: 1680 Independence Trail
Cumming 6A 30040
Vice President: Kelly O'ConnoR
Address: 13151 Zori Lane
Windermere, FL 34786
Secretary: Chris O'Connor
Address: 13151 20ri Lone, Windermere, FL 34786
Treasurer: Daniel Flood
Address: 11080 Independence Trail, Cumming, 6A 30040
<i>y y</i> ,
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. Stephanie Flood. President
(Typed or printed name and capacity of person signing application)

### Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 041190978
CONTROL NUMBER : 0355627
DATE INC/AUTH/FILED: 10/09/2003
JURISDICTION : GEORGIA
PRINT DATE : 04/28/2004

FORM NUMBER : 211

PREFERRED OFFICE SOLUTIONS, INC.

1680 INDEPENDENCE TRAIL CUMMING, GA 30040

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, dhereby certify under the seal of my office that

## PREFERRED OFFICE SOLUTIONS, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to the transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State