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(Re	equestor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Boland Enterprises, Incorportated
(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:
Mike Boland
(Name of Person)
Boland Enterprises, Incorporated
(Firm/Company)
1060 N Capitol Ave E120
(Address)
Indianapolis, IN 46204
(City/State and Zip code)
For further information concerning this matter, please call:
Mike Boland at (317 ) 974-1008 ext 22
(Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person)  (Area Code & Daytime Telephone Number)  STREET ADDRESS:  Registration Section  Division of Corporations 409 E. Gaines St.  Tallahassee, FL 32399  (Area Code & Daytime Telephone Number)  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314
Enclosed is a check for the following amount:

## 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.		ises, incorporated	<u> </u>	7
	(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
	Not Applicable			
		able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	∠ ± 122 €.
2	Indiana	. 3	35-1701566	Withten ==
		under the law of which it is incorporated)	(FEI number, if applicable)	, "
4	February 25, 19	987 5.	Perpetual	
٦.		of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	· · · ·
6.				<u></u>
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	<u></u>
	4000 N O 7 - f		702, 1.3., to determine penalty hadring)	
7.	1060 N Capitol	Ave E120, Indianapolis, IN 46204 (Principal office add	ress)	. ,
	1060 N Conitol	Ave E120, Indianapolis, IN 46204	-	
	1000 N Capitor	(Current mailing add	ress)	
8	Services related	d to Document Imaging and Data Entry	P.W.	9
V.	(Purpose(s	) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	
9.	Name and stree	t address of Florida registered agent: (P.C	D. Box NOT acceptable)	当日
	Name:	Emily Richardson		
O	ffice Address:	811 E Concord St #5	OST TO SERVICE OF THE	P412:36
		Orlando	, Florida 32803	
		(City)	(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. DIREC	TORS			
Chairman:	32803			<del></del>
Address:		<u> </u>		
		<del></del>	<del></del>	
Vice Chairm	an:			· <u></u>
Address:				
		,	<del></del>	<del></del> .
Director:		· · · · · · · · · · · · · · · · · · ·		<del></del> .
Address:		·		
_			····-	
Director:				
Address:		·		<u> </u>
_			<del></del>	
B. OFFIC	ERS			÷
President: N	fike Boland			
Address: 10	060 N Capitol Ave E120			
<u>In</u>	dianapolis, IN 46204			 
Vice Preside	nt: Nick Boland			
	060 N Capitol Ave E120		<u>بر</u> <u>ب</u>	7
In	dianapolis, IN 46204		<u></u>	1
Secretary: 1	Nick Boland	第二	9	5
Address: 10	060 N Capitol Ave E120, Indianapolis, IN 46204		52	
Treasurer: _	Mike Boland	京市	ည	<u>.</u>
Address: 10	060 N Capitol Ave E120, Indianapolis, iN 46204			<u>-</u>
<b>NOTE:</b> If 13.	necessary, you may attach an addendum to the application listing additional officers and/or o	lirectors.		
.5.	(Signature of Director or Officer listed in number 12 of the application)			<del></del>
14. R Mich	nael O Boland	<del></del>		<del></del>
	(Typed or printed name and capacity of person signing application)			

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### **BOLAND ENTERPRISES INCORPORATED**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 25, 1987, and was in existence or authorized to transact business in the State of Indiana on June 28, 2004.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Eighth Day of June, 2004.

TODD ROKITA, Secretary of State

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