14000004151

| (Requestor's Name) | - | | | |
|---|---|--|--|--|
| (Address) | | | | |
| (Address) | - | | | |
| (City/State/Zip/Phone #) | - | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | - | | | |
| (Document Number) | - | | | |
| Certified Copies Certificates of Status | - | | | |
| Special Instructions to Filing Officer: | 1 | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



200039240972

07/19/04--01049--006 **78.75

M4-4157



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

Thursday, July 15, 2004

Dear Florida Secretary of State,

Please find enclosed the Certificate of Authority application and fee for Chek Systems, 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.

SECREMITOR SM

www.CornerstoneSupport.com

TRANSMITTAL LETTER

| 10: | Registration Se Division of Cor | | | | | |
|---------------------------------------|---|--|--|--|----------------------|-------------|
| CUDI | | • | stems, Inc. | | | |
| SUBJ | ECT: | (Name of cor | poration - must include suffix |) | | |
| Dear S | Sir or Madam: | | | | | |
| "Certi: | nclosed "Applicat ficate of Existence sact business in F | e", and check are submitt | on for Authorization to Transe ed to register the above refere | act Business in F enced foreign cor | lorida", poratioi | n |
| Please | return all corresp | ondence concerning this | matter to the following: | | | |
| | | Cris | y Hall | | , | |
| | | (Na | ime of Person) | | | |
| | | Cornerst | one Support, Inc. | | | |
| | | (Fi | nn/Company) | | | |
| | | 16 Norc | ross St. Suite 101 | | | |
| | | | (Address) | | | |
| | | Rosv | vell, GA 30075 | <u> </u> | | |
| | | (City/ | State and Zip code) | ا میلی استان ا ما ما م | 7 | |
| For fur | ther information | concerning this matter, pl | ease call: | | <u> </u> | ΑÏED |
| (| Cristy Hall | at (| 770-587-4595 | | :: 0 | |
| | (Name of Perso | n) (| 770-587-4595 Area Code & Daytime Teleph | ione Number) | - 5 | |
| Regist Divisio 409 E. Tallah | ET ADDRESS: ration Section on of Corporation Gaines St. assee, FL 32399 ed is a check for t | s the following amount: | MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231 | ons | | |
| □ \$70 | .00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | S87.50 Fili Certificate Certified (| of Stat | :us & |

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.

| 1. | Chek S | ystems, Inc. | | | | |
|--|-------------------|---|------|--|-----------|---|
| (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a | | | | | | • |
| | | viations of like import in language as will cloor partnership if not so contained in the name | | | | - |
| | naturar person o | or partnership it not so contained in the name | e ai | present.) | | |
| 2. | New Ye | ork | 3. | 38-3658709 | | |
| | (State or country | y under the law of which it is incorporated) | - | (FEI number, if applicable) | • | |
| 4. | 09/03/0 | 2 | 5. | Perpetual | | |
| | (Dat | te of incorporation) | | (Duration: Year corp. will cease to exist or "perpetual") | | |
| 6. | upon qualif | ication | | | | |
| | (Date first trans | | | transacted business in Florida, insert "upon qualification."), 607.1502 and 817.155, F.S.) | • | |
| | | ` | .501 | , 007.1302 and 617.133, 1.5.; | | |
| 7. | 388 Evans St | reet, 3rd Floor | | Williamsville NY 14221 | _ | |
| | | (Principal office | add | ress) | | |
| | | | | | | |
| | | (Current mailing | add | ress) | • | |
| | | | | 75 CO | œ | |
| 8. | Debt Colle | | | | ζ | |
| | (Purpose(| s) of corporation authorized in home state o | r ∞ | untry to be carried out in state of Florida) | _ | |
| 9. | Name and str | eet address of Florida registered age | nt: | (P.O. Box or Mail Drop Box NOT acceptable) | <u></u> | - |
| | | <u></u> | | (Constant of Man Blog Bon 110 1 Boosphaloto) | | Ī |
| | Name: | Corporation Service Company | | | <u> </u> | O |
| Of | ffice Address: | 1201 Hays Street | | The second secon | £₩III: 05 | |
| | | Tallahassee | | , Florida _32301 | | |
| | | (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.

Megdetered agent's signature)

(Registered agent's signature)

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: | Andrew Control of the |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| B. OFFICERS | |
| President: Secattacted 115t | |
| Address: | 7. |
| | Ar a |
| Vice President: | |
| Address: | |
| - <u></u> | |
| Secretary: | |
| Address: | |
| Treasurer: | |
| Address: | |
| NOTE: If necessary, you may attach an addendum to the application listing | additional officers and/or directors |
| 13. Pet-Wlet | additional officers and/of directors. |
| (Signature of Chairman, Vice Chairman, or any officer liste | ed in number 12 of the application) |
| 14. (Typed or printed name and capacity of person sign | paton, Sole Officer |
| (1) pou or printed frame and capacity of person sign | ing application; |

Chek Systems, Inc. LIST OF OFFICER (S)

PRESIDENT / VICE PRESIDENT / SOLE OFFICER

Robert Ray Wheaton 388 Evans Street, 3rd Floor Williamsville NY 14221

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of CHEK SYSTEMS, INC. was filed on 09/03/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 28th day of June two thousand and four.

200406290723 45