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## FLORIDA COMPLIANCE SPECIALISTS, INC.

DAVE TAYLOR, PRESIDENT

2331 Hansen Place
Tallahassee, Florida 32301
Voice: (850) 942-5464 Fax: (850) 942-5111
www.floridacompliance.com

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	Noctory Colpsession INC	
(Corporation Name)	(Document #)	
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(Corporation Name)  Walk in Pick up time  Mail out Will wait	(Document #)  e 7-22-04	
NEW FILINGS  Profit Not for Profit Limited Liability Domestication	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal	 
Other  OTHER FILINGS  Annual Report Fictitious Name	Merger  REGISTRATION/QUALIFICATION  Foreign Limited Partnership	
	Reinstatement Trademark Other  Examiner's Initials	

,			Des of	T T
APPLICA	ATION BY FOREIGN CORPORATION BUSINESS IN F		TRANSACT	m
	E WITH SECTION 607.1503, FLORIDA STATU REIGN CORPORATION TO TRANSACT BUSI			्र <b>्</b>
(Name of corpor words or abbrevi	ration; must include the word "INCORPORATED", iations of like import in language as will clearly indigraphereship if not so contained in the name at prese	"COMPANY", "CORPORATION" cate that it is a corporation instead of a	or 🚽	22
	under the law of which it is incorporated)		<u></u>	
4	of incorporation) 5. (Du	PERPETUAL  uration: Year corp. will cease to exist.	or "perpetual")	· , , , , , , , , , , , , , , , , , , ,
6. Date first transa	cted business in Florida. If corporation has not trans (SEE SECTIONS 607.1501, 607	sacted business in Florida, insert "upor	ı qualification.")	-34 g
7. 7484 0	AND (EUGOD RAD * B. (Principal office address)	-J HANDVER MD	21076	• • • •
1484 C	AND LEW OOD ROAD *B-J (Current mailing address)	HANGUER MT. 2	(1076)	-
	ATEAGE CENDIAG s) of corporation authorized in home state or country	y to be carried out in state of Florida)	<u> </u>	*: "
9. Name and str	eet address of Florida registered agent: (P.C	). Box or Mail Drop Box <u>NOT</u> acc	eptable)	
Name:	CT Corporation System			<b>78</b> 1€7
Office Address:	1200 South Pine Island Road	gālas <del>ta</del> — gala til takin til til til til	W	
	Plantation	, Florida 33324		
	(City)	(Zip code)		
Having been nam designated in this further agree to	egent's acceptance: ned as registered agent and to accept service of s application, I hereby accept the appointment comply with the provisions of all statutes relat familiar with and accept the obligations of my	t as registered agent and agree to ive to the proper and complete per position as registered agent.	act in this capacity.	
	CT Oprporation 9	System		

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.

(Registered agent's signature) Bonnie A. Schuman, Assistant Secretary

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT BALTIMORE AMERICAN MORTGAGE CORPORATION, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 07, 2004.

Paul B. Anderson Charter Division

