P.01/05

Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000194533 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)205-0383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 (850) 222-9428 Fax Number FOREIGN PROFIT QUALIFICATION Immediate Support Services, Inc. Certificate of Status Certified Copy Page Count 05 Estimated Charge \$87.50 Name Availability Document Examinationic Fund Manus DCC Undator 1.00

TIUC

†14⇔ن د

TRANSMITTAL LETTER

TO:	Registration S Division of Co	cetion orporations			
SUBJ	ECT: Immed	iate Support Service	s, Inc.		
		(Name of cor	poration - must include :	suffix)	
Dest S	ir or Madam:				
"Certi:		ce," and check are submitt		Transact Business in Plorida," referenced foreign corporation to	
Pleass	return all corres	spondence concerning this	matter to the following:		
Lica	Shdeed - Tes	in two			
		(N	ame of Person)		
ದ್ದಾರ	exporacion S	yatem			
		(Fi	m/Company)		
101 8	ederal Strac	et			
			(Address)		
Bogto	n, MA 02110				
		(City/	State and Zip code)		
For fur	ther information	concerning this matter, p	case calf:		
Donna	M. Pheland,	Faralegal at (40	2 775-5449		
	(Name of Pers		Arcs Code & Daytime T	elephone Number)	
STREET ADDRESS:				MAILING ADDRESS:	
Registration Section Division of Corporations				Registration Section Division of Corporations	
409 E. Gaines St.			P.O. Box 6327		
Taliahassoc, FL 32399			Tallahas	Tallahassee, FL 32314	
Enclose	ed is a check for	the following amount:			
5 70.	00 Filing Fee	☐ \$78,75 Filing Fee & Certificate of Status	C \$78.75 Filing For Certified Copy	* & S87.50 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.

(If name unavailable in Florida, onter elternate corporate name adopted for the purpose of wanaacting business in Florida) 2. Delaware (State or country under the law of which it is incorporated) 4. September 16, 2004 (Date of incorporation) (Date first banaacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 187 Mahogany Point, Jupiter, FL 23458 (Principal office address) 3. Relief and victims services resulting from national disasters (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name: CT Corporation System Name: CT Corporation System	(Enter name of	Support Services, Inc. corporation; must include "INCORPORATE! Corp." "Inc." "Co," or "Corp.")	o," "company," "corforation,"
2. Delaware (Stee or country under the law of which it is incorporated) (Fel number, if applicable) 4. Expectable 16, 2004 (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date in application) (Principal office address) (Principal office address) (Principal office address) (Principal office address) (Purposa(3) of temporation 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 NGT acceptable) Name: cf Corporation system (City) (Cit	110., 00., (total and an another	
2. Delaware (Stee or country under the law of which it is incorporated) (Fel number, if applicable) 4. Expectable 16, 2004 (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date in application) (Principal office address) (Principal office address) (Principal office address) (Principal office address) (Purposa(3) of temporation 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 NGT acceptable) Name: cf Corporation system (City) (Cit	-		
(Figure or country under the law of which it is incorporated) (Figure or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.B., to determine penalty liability) 7. 187 Mahogany Foint, Jupiter, FL 31458 (Principal office address) 187 Mahogany Foint, Jupiter, FL 32458 (Current mailing address) 8. Relief and victims services resulting from national disagrers (Pupose(s) of temporation 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 NGT acceptable) Name: CT Corporation System Office Address: 1200 South Fine Island Road Flantation (City) (Ci	(If name unavai		
(Date of incorporation) (Date of incorporation) (Date of incorporation) (Date in this application (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 387 Mahogany Point. Jupiter. FL 33458 (Principal office address) 387 Mahogany Point. Jupiter. FL 33458 (Current mailing address) 8. Relief and victims services resulting from national disasters (Purpose(s) of corporation authorized in bome state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent (P.O. Box NOT acceptable) Name: cr Corporation System Office Address: 1200 South Pine Island Road Flancation (City) (City) (City 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 issignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Incider agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutional I am familiar with and accept the obligations of my position as registered agent. Cr CORPORATION SYSTEM TRACINGUEK SYSTEM TRACINGUEK SYSTEM TRACINGUEK SYSTEM TRACINGUEK SYSTEM TRACINGUEK			
(Durstian: Year corp. will ceste to exist or "perpetual") 6. upon filing of this application (Date first beneated business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 387 Mahogany Point, Jupiter, FL 33458 (Principal office address) 387 Mahogany Point, Jupiter, FL 32458 (Current melling address) (Pupose(s) of temporation sutherized 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 NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation Florida 33324 (City) ((State or country	under the law of which it is incorporated)	(FEI number, if applicable)
(City) (City) (Date first beneated business in Florida, if prior to registration) (Chee first beneated business in Florida, if prior to registration) (Chee Sections 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 387 Mahogany Point. Jupiter, FL 33458 (Principal office address) 387 Mahogany Point. Jupiter, FL 33458 (Current mailing address) 8. Relief and victims services resulting from national digasters (Furpose(s) of temporation 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 NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Flantation Florida 13324 (City)	4. September :	16, 2004	*
(SEE SECTIONS 667-1501 & 607-1502, F.B., to determine penalty liability) 7. 387 Mahogany Poinc, Jupiter, FL 33458 (Principal office address) 387 Mahogany Point, Jupiter, FL 33458 (Current mailing address) 8. Relief and victims services resulting from national disasters (Puposs(s) of emporation authorized in home stake or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent (P.O. Box NGT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plancation (City) (City) (City) (City) (City) (City code) 10. Registered agent's acceptance: Mawing bean named as registered agent and to accept service of process for the above stated corporation at the place issignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Surface agree to comply with the provisions of all statutes relative to the proper and complete performance of my duty and form familiar with and accept the obligations of my position as registered agent. CT CORPORATION SYSTEM TRACINCICK SPECIAL ASSISTANT SECRETAR. (Registered agent's signature)	(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 387 Mahogany Point, Jupiter, FL 33458 (Principal office address) 387 Mahogany Point, Jupiter, FL 33458 (Current mailing address) 8. Relief and victims services resulting from national disasters (Purpose(s) of emporation authorized in home stake or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plancation .Florida 33324 (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 issignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Norther agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutional amiliar with and accept the obligations of my position as registered agent. CT CORPORATION SYSTEM TRACHOUCK SPECIAL ASSISTANT SECRETAR. (Registered agent's signature)	6. upon filin		
(Principal office address) 187 Mahogany Point, Jupiter, FL 33458 (Current melling address) 8. Relief and victims services resulting from national disasters (Pupose(s) of conporation 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 NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation (City) (City) (Cip 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 issignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. Interior agree to comply with the provisions of all statutes relative to the proper and complete performance of my duty and I am familiar with and accept the obligations of my position as registered agent. CT CORPORATION SYSTEM TRACHOUCK SPSCIAL ASSISTANT SECHETAR. (Registered agent's signature)			
(Principal office address) 387 Mahogany Point, Jupiter, FL 32458 (Current mailing address) 8. Relief and victims services resulting from national disasters (Pupose(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 NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Florida 33324 (City) (City) (City) (City) (Cip 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. In the agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutional I am familiar with and accept the obligations of my position as registered agent. CT Corporation System TRACHORICK Special assistant Stufferar (Registered agent's signature)		·	1994, 1. 25, to determine penalty martiny)
(Current milling address) (Current milling address) (Relief and victims services resulting from national disasters (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent. (P.O. Box. NGT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island noad Plantation (City) (C	7.387 Mahogan		
(Current melling address) 8. Relief and victims services resulting from national disasters (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. NCT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plancation Florida 33324 (City) (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 dissignated in this application, I hereby accept the appointment as registered agent and agree to act in this caracity. In the agency with the provisions of all statutes relative to the proper and complete performance of my dutional I am familiar with and accept the obligations of my position as registered agent. CT Corporation system TRACHHOUCK Ey: TRACHHOUCK SPECIAL ASSISTANT SECHETAR. (Registered agent's signature)		(Principal office ad	dress)
(Pupose(s) of emporation 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 NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plancation Florida 33324 (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 issignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Surther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duty and I am familiar with and accept the obligations of my position as registered agent. CT COREORATION SYSTEM TRACINOUCK Ey: TRACINOUCK (Registered agent's signature)	187 Mahogan		<u> </u>
(Purpose(s) of corporation suthorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent. (F.O. Box. NGT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation Plantation (City)		(Current mailing ed	dress)
(Purpose(s) of corporation suthorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent. (F.O. Box. NGT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation Plantation (City)			
9. Name and street address of Florida registered agent: (P.O. Box NGT acceptable) Name: Ct Corporation System Office Address: 1200 South Pine Island Road Plantation Florida 33324 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept tervice of process for the above stated corporation at the place issignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Surface agree to comply with the provisions of all statutes relative to the proper and complete performance of my duty and I am familiar with and accept the obligations of my position as registered agent. Ct Corporation System TRACIHOREK Special assistant Stuffetar (Registered agent's signature)			
Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation .Florida 33324 (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 issignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duty and I am familiar with and accept the obligations of my position as registered agent. CT Corporation System TRACIHOUGK SPECIAL ASSISTANT SECRETAR' (Registered agent's signature)	(Purpose(s	i) of corporation authorized in home state or o	country to be carried out in state of Florida)
Office Address: 1200 South Pine Island Road Plantation (City) (Zip code) (D. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place issignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. In the agent agent and accept the obligations of all statutes relative to the proper and complete performance of my duty and I am familiar with and accept the obligations of my position as registered agent. CT CORPORATION SYSTEM TRACIHOUGK SPECIAL ASSISTANT SECHETAR' (Registered agent's signature)	9. Name and street	et address of Florida registered agent: (F.	O. Box NOT acceptable)
(City) (Zip code) (City) (Zip code) (D. Registered agent's acceptance: (City) (Zip code) (Zip code) (City) (Zip code) (City) (Zip code) (City) (Zip code) (City) (Zip code) (Application of the place of process for the above stated corporation at the place is signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. (Application of all statutes relative to the proper and complete performance of my duty and I am familiar with and accept the obligations of my position as registered agent. (CIT CORPORATION SYSTEM TRACIHOUGK SPECIAL ASSISTANT SECHETAR' (Registered agent's signature)	Name:	CT Corporation System	
(Registered agent's acceptance: (Inving been named as registered agent and to accept service of process for the above stated corporation at the place is signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. The agree to comply with the provisions of all statutes relative to the proper and complete performance of my duty and I am familiar with and accept the obligations of my position as registered agent. CT CORPORATION SYSTEM TRACIHOUGK SPECIAL ASSISTANT SECHETAR' (Registered agent's signature)	Office Address:	1200 South Pine Island Road	
(Registered agent's acceptance: (Inving been named as registered agent and to accept service of process for the above stated corporation at the place is signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. The agree to comply with the provisions of all statutes relative to the proper and complete performance of my duty and I am familiar with and accept the obligations of my position as registered agent. CT CORPORATION SYSTEM TRACIHOUGK SPECIAL ASSISTANT SECHETAR' (Registered agent's signature)		Plancation	Wlorida 33324
(Registered agent's acceptance: (Inving been named as registered agent and to accept service of process for the above stated corporation at the place is signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. The agree to comply with the provisions of all statutes relative to the proper and complete performance of my duty and I am familiar with and accept the obligations of my position as registered agent. CT CORPORATION SYSTEM TRACIHOUGK SPECIAL ASSISTANT SECHETAR' (Registered agent's signature)		(City)	(Zip code)
Having been named as registered agens and to accept service of process for the above stated corporation at the place is signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Wither agree to comply with the provisions of all statutes relative to the proper and complete performance of my duty and I am familiar with and accept the obligations of my position as registered agent. CT CORPORATION SYSTEM TRACIHOUGK BY: (Registered agent's signature)	in Parietował wa		, · · ·
tasignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Author agree to comply with the provisions of all statutes relative to the proper and complete performance of my duty and I am familiar with and accept the obligations of my position as registered agent. CT CORPORATION SYSTEM TRACIHOUGK BY: (Registered agent's signature)	Having been nam	cut a acceptance: Ed as revisiered agent and to accept very	the of neurose for the above stated comparation at the plane
urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutiend I am familiar with and accept the obligations of my position as registered agent. CT CORPORATION SYSTEM TRACIHOUGK SPECIAL ASSISTANT SECHETAR' (Registered agent's signature)	issignated in this	application. I hereby accept the appoints	ment as registered agent and agree to act in this canacity.)
CT COREORATION SYSTEM TRACIHOUGK SPECIAL ASSISTANT SECHETAR' (Registered agent's signature)	urther agree to co	emply with the provisions of all statutes i	tialize to the proper and complete performance of my duti
TRACI HOUCK SPECIAL ASSISTANT SECHETAR (Registered agent's signature)	na 1 am jamuus	wan and accept the obtigations of my po	sillon as registered agent.
(Registered agent's signature)		CT CORPORATION SYSTEM	
(Registered agent's signature)	23	~ 100	
		(Revistered agent's giongham)	SSSTANT SECRETAR
te Department of State, by the Secretary of State or other official baving 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
Cheirman: NONE
Address:
Via Chairman
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Peter Miskovich
Address: 387 Mahogany Point
Jupiter, FL 33458
Vice President NONE
Address:
Secretary: Susan A. Keller
Address: c/o Edwards & Angell, LLP, 2600 Pinancial Plaza, Providence, RI 02903
Treasurer: None
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13
14. Susan A. Heller, Secretary
(Typed or printed name and capacity of person signing application)



አንት የሚያ

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMMEDIATE SUPPORT SERVICES, INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND .

IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAT

OF SEPTEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

Warnet Smith Hendran Harrier Smith Windsor, Secretary of State

3655957 8300

040701317

AUTHENTICATION: 3979008

DATE: 09-29-04