F04000004150

| (Re | equestor's Name) | |
|-------------------------|----------------------|---------------|
| , | squestor a rearriey | |
| (Ac | dress) | - |
| 5 | | |
| (Ao | dress) | |
| | | |
| (Cit | ty/State/Zip/Phone # |) |
| - PICK-UP | ☐ WAIT | MAIL |
| • | | |
| (Bu | siness Entity Name) | |
| (1)0 | cument Number) | |
| | · | |
| Certified Copies | Certificates of | Status |
| , | | - - - |
| Special Instructions to | Filing Officer: | |
| 10/0- | 100 | , |
| 10/25 | FFC | |
| • | | |
| | | |
| | | |
| | | |

Office Use Only



700041772037

MJH, §

10/25/04--01052--002 **87.50

HILED

04 OCT 25 AM 9: 36

SCHARLES FINANCE

Donna L. Gabbard 400 South Main Street Waynesville, OH 45068-9553

23 October 2004

Registration Section Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: ADAMANDA, INC., dba Liberty Tax Service

Dear Sir or Madam:

Please process the enclosed documents together and as soon as possible.

Thank you.

Donna L. Gabbard

Enc.: transmittal letter and check for \$87.50
application for registration of fictitious name and check for \$60.00
application by foreign corporation for authorization to transact business in Florida

TRANSMITTAL LETTER

| | Registration Se Division of Cor | | _ | | | | |
|-----------------|------------------------------------|--|---------------|-------------------------|---------------------|--------------|-------------|
| SUBJE | ECT: ADAMA | NDA, INC., dba Libe | rty Tax Sen | vice | | | |
| | | | | | nclude suffix) |) | |
| Dear Si | r or Madam: | | - | | | | |
| "Certific | | ion by Foreign Corp e," and check are su rida. | | | | | |
| Please r | eturn all corresp | ondence concerning | this matter | to the foll | owing: | | |
| Donna I | Gabbard | | | | | | |
| | | | (Name of | Person) | | | |
| ADAMA | NDA, Inc., dba | Liberty Tax Service | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | (Firm/Co | mpany) | | | |
| РО Вох | 2978 | | | | | | |
| | · | | (Addı | ess) | · | | |
| Ocala, F | FL 34478 | | | | | | |
| | | | (City/State a | and Zip co | de) | | |
| | | | | | | | |
| For furth | her information | concerning this mate | ter, please c | all: | | | |
| | | 3 | ,1 | | | | |
| Donna L | Gabbard | at | (352 |) 209-0 | 162 | | |
| | (Name of Perso | | | Code & Da | ytime Teleph | ione Number) | |
| | | | | | | | |
| | | | | | | | |
| | STREET ADD | | | | MAILING A | | |
| | Registration Sec | | | | Registration S | | |
| | | Division of C P.O. Box 632 | | | | | |
| | Tallahassee, FL | | | | Γallahassee, Ι | | |
| Enclosed | d is a check for | the following amour | ıt: | | | | |
| □ \$70.0 | 00 Filing Fee | ☐ \$78.75 Filing F Certificate of S | | \$78.75 F. Certified | iling Fee & Copy | | of Status & |

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. ADAMANDA | INC | | [| | |
|----------------------------|---|---------------------------------------|-------------------------------|-------------------------|------|
| | corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.") | ," "COMPANY," | "CORPORATION," | | |
| | | | | | |
| (If name unavai | lable in Florida, enter alternate corporate name | adopted for the pu | irpose of transacting busin | ess in Florida) | |
| 2. Marion - O | l | | | , | |
| | under the law of which it is incorporated) | 20-1247011 | EI number, if applicable) | | |
| | • | • | | | |
| 4. June 18, 2004 | 5. e of incorporation) | perpetual (Duration: Year | corp. will cease to exist o | r "nemetus[") | |
| | | (Duracion: Tear | ooth. Will couse to exist o | i perpenuai) | |
| 6. January 1, 20 | | · · · · · · · · · · · · · · · · · · · | | | |
| | (Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 | | | | |
| | | 302, 1 .b., 10 determ | | | |
| 7. 2697 East Silve | er Spring Boulevard, Ocala, FL 34470 | <u> </u> | <u> </u> | | |
| | (Principal office add | ress) | | | |
| PO Box 2978, | Ocala, FL 34478 | • | 7.000 | | |
| | (Current mailing add | ress) | | | |
| | | | | | |
| 8. tax service | | | | | |
| (Purpose(s | s) of corporation authorized in home state or co | ountry to be carried | out in state of Florida) | | |
| Name and street | et address of Florida registered agent: (P.C |) Boy NOT acce | entahla) | AL 25. | |
| y. I tame and <u>servi</u> | of thorough of Frontact registered agent. (1.0 | 7. DOX <u>1101</u> acci | | - 5 8 8 | |
| Name: | Donna L. Gabbard | | | 04 OCT 25 SLUKLIASSE | |
| Office Address: | 2697 East Silver Spring Boulevard | | | ****** | |
| Office Address. | | | • | 7 | |
| | Ocala | , Florida Do | onna L. Gabbard (Zip code) | ြည် (၂၇) | |
| | (City) | (| (Zip code) | 36 | |
| 10 Danielani | | | | ٠٠٠ حر | |
| | gent's acceptance: ied as registered agent and to accept servi | ca of procase for | the above stated corner | ration at the mi | laac |
| | e application, I hereby accept the appoints | | | | |

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: Donna L. Gabbard | |
| Address: 400 South Main Street | |
| Waynesville, OH 45068-9553 | |
| Vice Chairman: Patrick B. DeChristopher | |
| Address: 177 Clark Avenue | |
| Waynesville, OH 45068-8671 | |
| Director: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | · |
| B. OFFICERS | |
| President: Donna L. Gabbard | |
| Address: 400 South Main Street | |
| Waynesville, OH 45068-9553 | , . |
| Vice President: Patrick B. DeChristopher | |
| Address: 177 Clark Avenue | |
| Waynesville, OH 45068-8671 | |
| Secretary: Donna L. Gabbard | , |
| Address: 400 South Main Street, Waynesville, OH 45068-9553 | |
| Treasurer: | |
| Address: | |
| NOTE: If necessary, you may attach an addendum to the application listing 13. (Signature of Director or Officer listed in number 12 or | |
| 14. Donna L. Gabbard, President | <u> </u> |
| (Typed or printed name and capacity of person signif | no application) |

,

United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show ADAMANDA INC., an Ohio corporation, Charter No. 1471334, having its principal location in Harveysburg, County of Warren, was incorporated on June 18, 2004 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of October, A.D. 2004

Ohio Secretary of State

Validation Number: V20042950990B0