# F05000000496

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(R	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
1/27	FPC	
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Office Use Only

WOLF-43955



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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Coast Systems, Inc.			
SUBJECT: Systems, Inc. (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:			
TAX Dept.			
(Name of Person)  The Outsource Groups  (Firm/Company)			
The Outsource Groups			
(Firm/Company)			
1646 1) Mifagrie, Blod #210			
(Address)			
(Address)  WALnut Crue, CA 94596  (City/State and Zip code)			
(City/State and Zip code)			
For further information concerning this matter, please call:			
MARTHA MORVEC at (650) 461-7631 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations  409 E. Gaines St.  Division of Corporations  P.O. Box 6327			
Tallahassee, FL 32399 Tallahassee, FL 32314			
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & Braining Fee & Certificate of Status \$\Bigcup \\$78.75 Filing Fee & Certificate of Status & Certificate of Status & Certificate Opy			



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 2, 2004

TAX DEPT. THE OUTSOURCE GROUP 1646 N. CALIFORNIA BLVD., #210 WALNUT CREEK, CA 94596

SUBJECT: COAPT SYSTEMS, INC.

Ref. Number: W04000043955

We have received your document for COAPT SYSTEMS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 904A00067668

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION	1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED T N TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
(Enter name of corporation; must include "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp	S, Inc. "Incorporated," "Company," "Corporation," p.")	
(If name unavailable in Florida, enter alterr	nate corporate name adopted for the purpose of transacting business in Flo	rida)
2 Daluine	3 94-3361857	
(State or country under the law of which it is	is incorporated)  3. 94-336/857  (FEI number, if applicable)	
4. 04-29-2000	5	
(Date of incorporation)	5. (Duration: Year corp. will cease to exist or "perpetu	ıal")
6.		
(SEE SECTIONS	transacted business in Florida, if prior to registration) \$ 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 1820 Embarcades	Principal office address)	
(	(Principal office address)	
The Outsource Somes.	1646 D. CALIFORNIA #210, WATHULT Create (Current mailing address) 9459	e.CA
{	(Ourrent mailing address) 9 459	76
8. Oak of medical	d in home state or country to be carried out in state of Florida)	<del></del>
		OS JAN
	istered agent: (P.O. Box NOT acceptable)	127
Name: C COIL P	DORA TION System	
Office Address: 1200 Soud	th Pine Island Road  tion  Florida 33324  (Zip code)	PA SI
Dinila	1,50) 73324	
TCANTA	Tion (7in code)	<b>DATE</b> 2
(Sa	(Mip code)	
10. Registered agent's acceptance:		
naving over namea as registered agent a designated in this application, I hereby ac	ind to accept service of process for the above stated corporation at ccept the appointment as registered agent and agree to act in this (	the place canacity. I
further agree to comply with the provision	ns of all statutes relative to the proper and complete performance	of my duties,
unu i um juminar wan unu accept the ont	ligations of my position as registered agent.	
Doubl N. D. (Registered	Brale	
(Registered	d agent's signature)	٠
·		
the Department of State, by the Secretary of	uly authenticated, not more than 90 days prior to delivery of this ap of State or other official having custody of corporate records in the	plication to jurisdiction

P.03

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

Delaware PAGE 1

# The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COAPT SYSTEMS, 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 TWENTIETH DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

3219514 8300

AUTHENTICATION: 3629594

050049013 DATE: 01-20-05