## F05000001264

(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:						

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## TRANSMITTAL LETTER

TO: Registration Se Division of Cor			
SUBJECT: CFM En	-		
		ration - must include suffix)	
Dear Sir or Madam:			
	tion by Foreign Corporation te," and check are submitted rida.		
Please return all corresp	ondence concerning this ma	atter to the following:	
Mary Ellen McGowan			
	(Nam	e of Person)	
CFM Enterprises, Inc.			
	(Firm	/Company)	
11849 Ramsburg Road			
	(A	Address)	7.0
Marriottsville, MD 2110	4		A CO
	(City/St	ate and Zip code)	1
			SECRUAHASSEE, FLORIDA
For further information	concerning this matter, plea	se call:	T C
			FLORIDE
Mary Ellen McGowan	at (800	854-0950	
(Name of Perso	on) (Ai	rea Code & Daytime Teleph	one Number)
STREET ADDRESS: Registration Section		MAILING Al Registration S	
Division of Corporations		Division of Corporations P.O. Box 6327	
409 E. Gaines St. Tallahassee, FL 32399		Tallahassee, FL 32314	
Enclosed is a check for		,	
Enclosed is a effect for	me tonowing amount.		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & 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.

1.	CFM Enterpris	es, Inc.		
		corporation; must include "INCORPORAT corp," "Inc," "Co," or "Corp.")	ED,	O," "COMPANY," "CORPORATION,"
	The Frederick	Academy of Real Estate, Inc.		
	(If name unavail	able in Florida, enter alternate corporate na	ıme	e adopted for the purpose of transacting business in Florida)
	Maryland		3.	
(	State or country	under the law of which it is incorporated)	-	(FEI number, if applicable)
4.	October 4, 199	31	5.	; Perpetual
	(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
6.				
		(Date first transacted busine	ss i	in Florida, if prior to registration)
		(555 556 176 175 507.136 1 & 00	7.13	1502, F.S., to determine penalty liability)
7	11849 Ramsbu	rg Road, Marriottsville, MD 21104	- 1	
		(Principal office	add	idress)
	Same as above			
		(Current mailing	add	
8.		tate continuing education courses via c		tance learning ZES
	(Purpose(s	s) of corporation authorized in home state of	or co	country to be carried out in state of Florida)
9.	Name and stree	et address of Florida registered agent: (	(P.C	O. Box NOT acceptable)
	Name:	Agents and Corporations, Inc.		r.c. 2
Of	fice Address:	Suite E, 773 4th Avenue North		country to be carried out in state of Florida)  O. Box NOT acceptable)  Florida 34102
		Naples		, Florida 34102
		(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.

(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:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Colin F, McGowan
Address: 11849 Ramsburg Road
Marriottsville, MD 21104
Vice President:
Address:
P
Secretary: Mary Ellen McGowan
Address: Same as above
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)
(Signature of Director or Officer listed in number 12 of the application)
(Typed or printed name and capacity of person signing application)

## 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 HERBY 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 CFM ENTERPRISES, 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 FEBRUARY 04, 2005.

Paul B. Anderson Charter Division

Faul B. Under

2005 FEB 25 PM 2: 12
SECRE LANK OF STATE
TALLAHASSEE, FLORIDA



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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