

F05000001463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

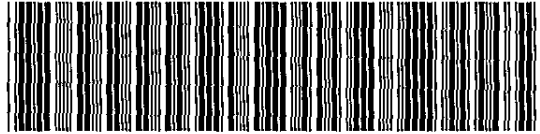
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



300047543513

03/08/05--01061--003 **78.75

FILED

05 MAR - 8 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

03 MAR - 8 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAR - 8 PM 3:09

FILED

CT CORPORATION

March 8, 2005

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
05 MAR - 8 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6315091 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

MOBILE VIDEO SERVICES, INC. (MO)
Qualification
Florida

MOBILE VIDEO SERVICES, INC. (MO)
Certificate of Status/Authorization-Foreign
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Stephanie Sanders
Fulfillment Specialist
Stephanie_Sanders@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**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.

05 MAR -8 PM 3:09
FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. Mobile Video Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri

(State or country under the law of which it is incorporated)

3. 43-1396799

(FEI number, if applicable)

4. January 30, 1986

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1601 Iron Street, Ste 101, North Kansas City, MO. 64116

(Principal office address)

Same

(Current mailing address)

8. Local gov't contractor specializing in developing property imaging system for property tax authorities (county gov'ts)

(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 NOT acceptable)

Name: C T 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 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.

C T Corporation System

By: _____

(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: L. Marlene Jeffers

Address: 8004 N. Harrison Lane

Kansas City, MO 64118

Vice Chairman: Michael D. Jeffers, Sr.

Address: 8004 N. Harrison Lane

Kansas City, MO. 64118

Director: Lisa L. Black

Address: 1408 NW 63rd Tr

Kansas City, MO. 64118

Director: _____

Address: _____

B. OFFICERS

President: L. Marlene Jeffers

Address: 8004 N. Harrison Lane

Kansas City, MO. 64118

Vice President: Michael D. Jeffers, Sr.

Address: 8004 N. Harrison Lane

Kansas City, Mo. 64118

Secretary: Janice M. West

Address: 7753 Fontana, Prairie Village, KS. 66208

Treasurer: Janice M. West

Address: 7753 Fontana, Prairie Village, KS 66208

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Janice M. West.
(Signature of Director or Officer listed in number 12 of the application)

14. Janice M. West
(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Robin Carnahan
Secretary of State

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

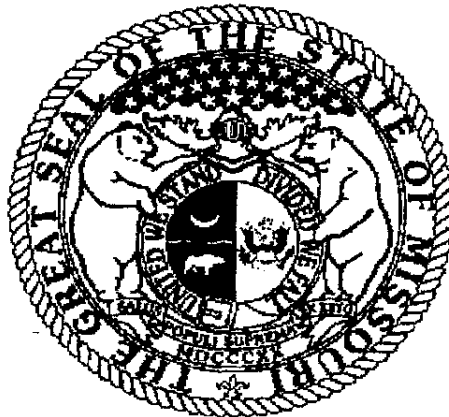
**MOBILE VIDEO SERVICES, INC.
00285080**

was created under the laws of this State on the 30th day of January, 1986, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 15th day of February, 2005

A handwritten signature in cursive script that reads "Robin Carnahan".

Secretary of State



Certification Number: 7374540-1 Reference:
Verify this certificate online at <http://www.sos.mo.gov/businessentity/verification>