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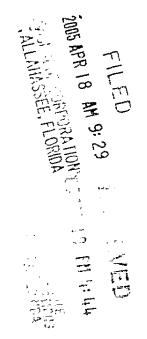
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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J. BRYAN APR 1 9 2005.

## FLORIDA COMPLIANCE SPECIALISTS, INC.



DAVE TAYLOR, PRESIDENT

2331 Hanson Place Tallahassee, Florida 32301 Voice: (850) 942-5464 Fax: (850) 942-5111 www.floridacompliance.com

Office Use Only

#### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. <u> </u>	Corporation Name)	gage Calparation	
2.	(Corporation Name)	(Document #)	2005 1
3	(Corporation Name)	(Document #)	PRILE E
4	(Corporation Name)	(Document #)	用型 <b>宝</b> 口
Walk in	Pick up time	419-05 Certified Copy	29 DRIDA
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NEW FILINGS			
~	Profit		
	NonProfit		
	Limited Liability		
	Domestication		
	Other		

	AMENDMENTS				
	Amendment				
Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal					
					Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

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Examiner's Initials	
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# 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. Exuity Mortage Conference (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) 5. Destunce (Duration: Year corp. will cease to exist or "perpetual") QUALIFICATION (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Purpose(s) of corporation authorized in home state of country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) 2331 Honson Place

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					<del></del>
Chairman:			<u> </u>		
Address:			· 		
Vice Chairman:					FILE THE
Address:					- 10 m
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Director:					027 2
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Address:			<u> </u>		<u></u>
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Director:					
Address:				<u> </u>	<u></u>
B. OFFICERS	·				· ·
President:	D=1.5	Tenasuary			
Address:					
	bomboil	, ZL 60	148		
Vice President:					
Address:	ಬ ~	RINCULT	RL.		
Secretary:					
Address:	33 n	Ronkvely	AL CO	magnet, Fr	Lx 48
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Address:					
NOTE: If necessary,	you may attach an ad	denduny to the appli	cation listin	g additional officers	and/or directors.
13.		form			The paper of the p
(Signa	iture of Director of				
14	19n	truly Jen	elypny		
	(Typed or printed i	name and capacity o	t persop sign	ning application)	



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

hereby certify that 



### In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of

the State of Illinois, this day of

A.D.

SECRETARY OF STATE

C-260.2