SCORE IARY OF STATE TALLAHASSEE, FLORID (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:

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April 25, 2005

JOHN F. PAPALE 25 REDBUD LANE MADISON, MS 39130-1892

SUBJECT: ITNEGRATED SYSTEMS CONSULTING, INC.

Ref. Number: W05000020802

We have received your document for ITNEGRATED SYSTEMS CONSULTING, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1150.00.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 505A00028221

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FILED

TRANSMITTAL LETTER 05 APR 25 PH 2: 04

то:		tration Sect on of Corp		-			TALL.	KLIARY OF STATE AHASSEE, FLORIDA
SUBJ	ECT:	Integrated	Systems Cor	nsulting, In	C.			
			(Na	me of cor	poratio	n - must inclu	de suffix)	
Dear S	Sir or Ma	adam:						
"Certif	ficate of		" and check a					et Business in Florida," aced foreign corporation to
Please	return a	all correspo	ndence conce	rning this	matter	to the following	ng:	
John F	F. Papal	е						
-	, , , , , , , , , , , , , , , , , , ,	<u></u>		(N:	ame of	Person)		
Integra	ated Sys	stems Cons	ulting, Inc.					
				(Fi	rm/Co	npany)		
25 Re	dbud La	ane, P. O. B	ox 1892					
					(Addr	ess)	· · · · · -	, , , , , , , , , , , , , , , , , , ,
Madis	on, MS	39130-1892	2 .	-				
				(City	/State a	and Zip code)	•••	
For fu	rther inf	formation c	oncerning this	s matter, p	lease c	all:		
John F	F. Papal	e .		at (_60	01	918-6048		
		ne of Person))			Code & Daytin	ne Teleph	one Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399				2	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos	sed is a	check for th	ne following a	amount:				
	0.00 Fili		☐ \$78.75 Fi			\$78.75 Filing Certified Co	-	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOW DE LE RUBBATTE DE TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. SECILE IARY OF TALLAHASSFE F 1. Integrated Systems Consulting, 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 Mississippi

(State or country under the law of which it is incorporated) (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation)

(FEI number, if applicable)

6. July 19, 2004 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7 25 Redbud Lane, Madison MS 39110 (Principal office address)

P. O. Box 725, Madison MS 39130-0725 (Current mailing address)

Computer Systems Design Services (541512); All Other Information Services (519190) (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: William L. Townsend, Jr. Office Address: 200 Reid Street Palatka

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:

. DIRECTORS	PLED
naírman: John F. Papale	0. 10 0. 01 0. 01
ddress: 25 Redbud Lane, P. O. Box 1892	
Madison, MS 39130-1892	SECRETARY UF STATE TALLAHASSEE-FLORIDA
ce Chairman:	<u> </u>
ddress:	
rector:	
ddress:	
rector:	<u> </u>
ddress:	
	<u></u>
OFFICERS	
esident: John F. Papale	<u></u>
ddress: 25 Redbud Lane, P. O. Box 1892	
Madison, MS 39130-1892	
ice President:	
ddress:	<u> </u>
cretary: John F. Papale	<u></u>
ddress: 25 Redbud Lane, P. O. Box 1892; Madison, MS 39130-1892	
easurer: John F. Papale	<u> </u>
ddress: 25 Redbud Lane, P. O. Box 1892; Madison, MS 39130-1892	
OTE: If necessary, you may attach an addendum to the application listing a	additional officers and/or directors.
3 Hot & barale	
(Signature of Director or Officer listed in number 12 of	f the application)
John F. Papale, President (Typed or printed name and capacity of person signir	

State of Mississippi

Office of the Secretary of State 05 APR 25 PM 2: 04 Eric Clark, Secretary of State Jackson, Mississippi

TALLAHASSEE, FLORIO

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on May 11, 1995, the State of Mississippi issued a Charter/Certificate of Authority to:

INTEGRATED SYSTEMS CONSULTING, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

Given under my hand and seal of office April 9, 2005

Tic Clark

ERIC CLARK Secretary of State

Certification Number: 7091423-1 Page 1 of 1 Reference: Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify