

05 May 2005 13:57

A1A CORPORATE SERVICES

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Division of Corporations

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Florida Department of State
Division of Corporations
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2005 MAY -5 A 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

FOREIGN PROFIT QUALIFICATION

MD & E, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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

2005 MAY -5 A 9:53

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, DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. **M D & E, INC.**

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

M D & E, Florida Division Inc.

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

2. **GEORGIA**

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

3.

58-2021497

(FEI number, if applicable)

4. **2/01/1992**

(Date of incorporation)

5. **PERPETUAL**

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

6. **UPON 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.)

7. **12385 Sorrento Rd Ste D-2**

(Principal office address)

Pensacola, FL 32507-8664

(Current mailing address)

8. **ANY LAWFUL PURPOSE**

(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 or Mail Drop Box NOT acceptable)

Name: **CHARLES F MORGAN**

Office Address: **12385 Sorrento Rd Ste D-2**

Pensacola

(City)

, Florida 32507-8664

(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.

Charles F Morgan
(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.

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A. DIRECTORS

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Chairman: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: **CHARLES F MORGAN**Address: **12385 Sorrento Rd Ste D-2****Pensacola, FL 32507-8664**Director: **ELEANOR MORGAN**Address: **12385 Sorrento Rd Ste D-2****Pensacola, FL 32507-8664****B. OFFICERS**CEO: **CHARLES F MORGAN**Address: **12385 Sorrento Rd Ste D-2****Pensacola, FL 32507-8664**

Vice President: _____

Address: _____

Secretary: **ELEANOR MORGAN**Address: **12385 Sorrento Rd Ste D-2 Pensacola, FL 32507-8664**

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)

14. **ELEANOR MORGAN**

(Typed or printed name and capacity of person signing application)

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Secretary of State**Corporations Division****315 West Tower****#2 Martin Luther King, Jr. Dr.****Atlanta, Georgia 30334-1530**

CONTROL NUMBER : K223106
DATE INC/AUTH/FILED: 11/30/1992
JURISDICTION : GEORGIA
PRINT DATE : 05/03/2005
FORM NUMBER : 211

A1A CORPORATE SERVICES
PAUL SMITH
6538 COLLINS AVE. #451
MIAMI BEACH, FL 33141

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that, as of the above print date

M. D. & E. INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox
Secretary of State

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