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(((H05000116503 3)))

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Division of Corporations

: (850)205-0383 Fax Number

From:

: M. BURR KEIM COMPANY Account Name

Account Number : I19990000242 Phone : (215)563-8113

FaxcNumber

: (215)977-9386

## FOREIGN PROFIT QUALIFICATION

GBS MANAGEMENT SERVICES, INC.

Certificate of Status	1
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(((H050001165033)))

# 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.

^	Pennsylv.	อกไฮ	4		purpose of transacting l		,
্ৰ ড	tale of country u	inder the law of which it is inc	corporated)		(FEI number, if applica	ible)	
4.	April 5,	2005	5.	Perpet	ual .		
" –		of incorporation)	<del></del>		ar corp. will cease to ex	ist or "perpetual")	
6.	Upon qua	lification		•			
_					r to registration) runine penalty liability)		-
7.	1603 014	York Road, Abingto	n, PA 190	001			
_		- (Prin	cipal office add	ress)	· ·		_
	1603 014	York Road, Abingto	n. PA 190	001		•	
		Cur	ent mailing add	iters)			
	•						
Ŗ.	Managemen	at of real estate a	nd any oth	er lawful	corporate activ	ity	
							_
۰۰ –	(Purpose(s)	of corporation authorized in l	nome state or co	ountry to be carr	ied out in state of Florid	<b>a</b> )	
o. –		-		•	•	2)	
9. N		address of Florida register	ed agent: (P.C	•	•	<b>2</b> )	
9. N		-	ed agent: (P.C	•	•	a)	Os
	lame and street	address of Florida register	ed agent: (P.C	•	•	a)	3
	lame and <u>street</u> Name:	address of Florida register David Jay Schorr	ed agent: (P.C	•	oceptable)	SECTION CONTRACTOR	4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
	lame and <u>street</u> Name:	address of Florida register  David Jay Schort  2319 NE 29th Str	ed agent: (P.C	D. Box NOT at	oceptable)	SECTION AS	3-95 MAY -6
Offic	Iame and street  Name:  ce Address:	David Jay Schorr  2319 NE 29th Str  Lighthouse Point  (City)	ed agent: (P.C	D. Box NOT at	33064-8130	SECTION ASSE	9-14-15
Offic	Iame and street  Name:  ce Address:  Registered ag	David Jay Schorr  2319 NE 29th Str  Lighthouse Point  (City)	ed agent: (P.C	D. Box <u>NOT</u> an	33064-8130 (Zíp code)	SECTION ASSET	SONT WAY - 6 Prings
Offic	lame and street  Name:  ce Address:  Registered aging been name	David Jay Schorr  2319 NE 29th Str  Lighthouse Point  (City)  ent's acceptance: d as registered agent and the	ed agent: (P.C	D. Box NOT at	33064-8130 (Zip code) or the above stated co	SECTION ASSET OF THE PROPERTY	Place reito I
	lame and <u>street</u> Name:	address of Florida register  David Jay Schorr  2319 NE 29th Str  Lighthouse Point	ed agent: (P.C	D. Box NOT at	33064-8130	SECULIAR SEC	
Offic	Iame and street  Name:  ce Address:  Registered ag	David Jay Schorr  2319 NE 29th Str  Lighthouse Point  (City)	ed agent: (P.C	D. Box <u>NOT</u> an	33064-8130 (Zíp code)	SECTION ASSET	Place
Offic	lame and street  Name:  ce Address:  Registered aging been name	David Jay Schorr  2319 NE 29th Str  Lighthouse Point  (City)  ent's acceptance: d as registered agent and the	ed agent: (P.C	D. Box NOT at	33064-8130 (Zip code) or the above stated co	SECTION ASSET OF THE PROPERTY	Place
Offici 10. : Havi desig	Name: Name: ce Address: Registered aging been name;	David Jay Schorr  2319 NE 29th Str  Lighthouse Point  (City)  ent's acceptance: d as registered agent and to	ed agent: (P.C	D. Box NOT at	33064-8130 (Zip code)  or the above stated covered agent and agree t	orporation at the oact in this capa	icity. I
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Office  10. 1  Havi desig	Name: Name: ce Address: Registered aging been name gnated in this cher agree to co	David Jay Schorr  2319 NE 29th Str  Lighthouse Point  (City)  ent's acceptance: d as registered agent and the	ed agent: (P.C eet to accept servi at the appoints f all statutes r	D. Box NOT at process for the	33064–8130 (Zip code) for the above stated cored agent and agree to roper and complete p	orporation at the oact in this capa	icity. I

- 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:

### M. BURR KEIM COMPANY

(((H050001165033)))

A. DIREC	CTORS	
Chairman:	David Jay Schorr	
Address:	2319 NE 29th Street	_
	Lighthouse Point, FL 33064-8130	
Vice Chairn	nan:	,
Address:		
220,000		
Director:		
	and the second of the second o	
_		,
Director:		
V001622: -		
B. OFFIC	David Jay Schorr	
	2319 NE 29th Street	
Acutess:	Lighthouse Point, FL 33064-8130	
- Arina DiA	ent:	
	· · · ·	
Address: _		
- Carrietans	David Jay Schorr	1.5
	2319 NE 29th Street, Lighthouse Point, FL 33064-8130	
_		ī
Address: _		-
NOTE: H	the desired and a second secon	
13	necessary, you may anteen an addendum to the application insung additional officers and/of directions.	[
~	Signature of Director or Officer listed in number 12 of the application)	
14. <u>Dav</u>	1d Jay Schorr, President STORY of person signing application)	
	I I VORO OF DEGLEG TRIBE SHE EXCISES OF DELYON SIMBLES ADDICATORS	

(((H050001165033)))

#### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

May 04, 2005

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### GBS MANAGEMENT SERVICES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein .

IN TESTIMONY WHEREOF, have hereunto set my hand and p caused the Seal of the Secretary's Office to be affixed. the day and year above written.

Secretary of the Commonwealth

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