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(Requestor's Name)	<u></u>
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(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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06/13/05--01048--014 **78.75

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ONGOING SOLUTIONS INC	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
MON GABEL SE	
(Name of Person)	
ONGOING SOLUTIONS LLC 63	
(Firm/Company)	
PO BOX 49063	
(Address)	
SARASOTA FL 34230-6063	
(City/State and Zip code)	
For further information concerning this matter, please call:	
NON GABEL at 941, 870-4147	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
409 E, Gaines St. P.O. Box 6327	
Tallahassee, FL 32399 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy	



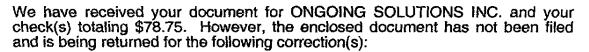
FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 20, 2005

RON GABEL ONGOING SOLUTIONS LLC PO BOX 49063 SARASOTA, FL 34230-6063

SUBJECT: ONGOING SOLUTIONS INC.

Ref. Number: W05000030167



The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 005A00042180

Joey Bryan Document Specialist FILED MO. 13
FILED MO. 13

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.
1. ONGOING SOLUTIONS INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
ENGOING SOLUTIONS OF COLORADO INC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. COLORADO 3. 92-0178505 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. /2/30/2007 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 8420 JALES WORTH CT STE 15305 SARASOTA FL34243
(Principal office address)
PO BOX 49063 SARASOTA FL 34230
(Current mailing address)
8. FINANCIAL CONSULTING & RETAIL SALES S (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)
(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: KONGABEL
Name: Name: Name: Now GABEL Office Address: 8470 (SLES WORTH CT STE 15305
SARASOTA , Florida 34243
(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.
Tretabel
(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. DİRECTORS .	
Chairman:	KON GABEL
Address:	PO Box 49063
	SARASOTA FL 34230
Vice Chairman:	
Address:	
	e e
Director:	
Address:	
	No to m
Director:	所名 是 C
Address:	97 -
	DAYS
B. OFFICERS	
President:	KON GABEL
Address:	Po Box 49063
	SARAGOTA FL 34230
Vice President:	
Address:	
Secretary:	
Address:	PO BOX 49063 SARASOTA FL 34230
Treasurer:	
Address:	
NOTE: If necessary, y	ou may attach an addendum to the application listing additional officers and/or directors.
13	Fre Dakel
ı	Signature of Director or Officer listed in number 12 of the application)
14.	(Typed or printed name and capacity of person signing application)
	(x) here or brused mane and eabasts, or hereon signing abbitonion)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Donetta Davidson, as the Secretary of State of the State of Colorado, hereby certifaccording to the records of this office,

ONGOING SOLUTIONS INC

is a Corporation

formed or registered on 12/30/2002 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20021360383.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/26/2005 that have been posted, and by documents delivered to this office electronically through 06/01/2005 @ 20:52:54.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/01/2005 @ 20:52:54 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6230359.



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/bit/CertificateSearchCriteria.do entering the certificate, and following the instructions displayed. Confirming the insurance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Ouestions."