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(Requestor's Name) (Address)	SECRETARY CF STATE A TALLAHASS FE, FLORIDA 200056333812
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	06/29/0501017004 **70.00
(Document Number) (Document Number) Certified CopiesCertificates of Status	and differen
Special Instructions to Filing Officer:	

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TRANSMITTAL LETTER

Division of Corporations	FILED
SUBJECT: PAUL A. DUNCAN, P.A.	THE THE
(Name of cor	poration - must include suffix) UN 29 P 2: 33
Dear Sir or Madam:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matt	er to the following:
PAUL A. DUNCAN	
(Nam-	e of Person)
PAUL A. DUNCAN, P.A.	
(Firm	/Company)
8741 BALLY BUNION ROAD	
(A	Address)
PORT ST. LUCIE, FLORIDA 34986	
(City/Stat	e and Zip code)
For further information concerning this matter, please	e call:
PAUL A. DUNCAN	ut 443-250-4637
(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:	
X \$70.00 Filing Fee S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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 DAIIT. A	ואוואריאא די א	いにとり
(Enter name "Co," or "Co	of corporation; must include "INCORPORATED TP.")	D," "COMPANY," "CORPORATION," "Iggg;" "Corp." "Inc," 29 P 2: 3
P.A. D	JNCAN, INC.	_SECRETARY co
2. MARYLAI	ND	3. 52-1482398
(State or co	ountry under the law of which it is incorporated	(FEI number, if applicable)
4. 10/17/2	1986	5 PERPETUAL
	(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6.		en per en consistencia de la constanta de la c
	(Date first transacted busing (SEE SECTIONS 607.1501 & 60	ess in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
7. 8741 BALI	Y BUNION ROAD , PORT ST. LUCIE	FL 34986
	(Princip	al office address)
8741 BALI	Y BUNION ROAD , PORT ST. LUCIE	,_FL 34986
		t mailing address)
8. REAL ES	STATE SALES	TOTAL TO
	(Purpose(s) of corporation authorized in hom	ne state or country to be carried out in state of Florida)
9. Name and s	treet address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)
Name:	PAUL A. DUNCAN	- Construction with the Telescope Service Service Service Telescope Service Service Telescope Service Servi
Office Address:	8741 BALLY BUNION ROAD	and the second of the second
	PORT ST. LUCIE	Florida 34986
	(City)	(Zip code)
0. 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.

- 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

Chairman:	PAUL A. DUNCAN
Address:	8741 BALLY BUNION ROAD
	PORT ST. LUCIE, FL 34986
Vice Chair	man: JACKIE DUNCAN
Address:	8741 BALLY BUNION ROAD SECRETARY OF STATE PORT ST. LUCIE, FL 34986
	PORT ST. LUCIE, FL 34986
Director:	PAUL A. DUNCAN
Address:	SAME AS ABOVE
Director:	PAUL A. DUNCAN
Address:	SAME AS ABOVE
	The second of the second or the second of th
B. OFFIC	CERS
President:	PAUL A. DUNCAN
Address:	SAME AS ABOVE
	The state of the s
Vice Presid	dent: JACKIE DUNCAN
Address:	SAME AS ABOVE
	Y
Secretary:	JACKIE DUNCAN
Address:	SAME AS ABOVE
Treasurer:	PAUL A. DUNCAN
Address: _	SAME AS ABOVE
NOTE: (1)	piecessary, you may attach an addendum to the application listing additional officers and/or directors.
	(Signature of Director or Officer listed in number 12 of the application)
14. <u>PAUI</u>	A. DUNCAN, PRESIDENT (Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

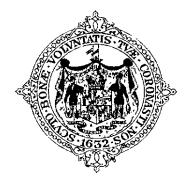
I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PAUL A. DUNCAN, P.A. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 16, 2005.

Paul B. Anderson Charter Division

Paul B. Under



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097