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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Randall W. Wilds, D.C. P. A. (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:						
Kandall Wilds						
(Name of Person)						
Randoll W. Wilds D.C. P.A. Fig. 85 (Firm/Company)						
(Firm/Company)						
and funnih favor way						
(Address)						
(City/State and Zip code)						
(City/State and Zip code)						
For further information concerning this matter, please call:						
7)						
Kandall Wilds at (817) 831-3388						
(Name of Person) (Area Code & Daytime Telephone Number)						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
Enclosed is a check for the following amount:						
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy						

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1.	(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.	(State or country under the law of which it is incorporated) 3. EJN 48-1287/15 (FEI number, if applicable)	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	(Date of incorporation) 5. Des fectual (Duration: Year corp. will cease to exist or "perpetual")	
	(Date of incorporation) (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.	6501 Funin Farm Way, Arlington, Tx 76001 (Principal office address)	
	(Principal office address)	
	Same as above (Current mailing address)	
	SE SE	
Я	Chisofiactic Services	71
٠.	(Purnose(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: Randall W. Wilds	U
•	Name: Randall 11 Wilds	
Oi	ffice Address: 5243 E. Colonial	
	Orlando, Florida 32807	-
	(City), Florida (Zip code)	
Hi de fu	D. Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. In the agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutient 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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS		
	<u> </u>	
Address: 6501 Fann. L. Fain Way		
Arlington, Tx 76001		<u> </u>
Vice Chairman:		
Address:		
	· · · -	
Director:		
Address:		
Director:		
Address:		<u>.</u>
Address.		
B. OFFICERS President: Randall Wilds		
Address: 6501 Fannis Falm Dog		
Aclington Tx 76001	SE A	S S
	<u> </u>	7
Vice President:	<u>0.−</u> 2	<u> </u>
Address:	一 元 元 S	<u> </u>
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Secretary:		
Address:		
Treasurer:		
Address:		 ,
NOTE: If necessary, you may attach an addendum to the application	listing additional officers and/or directors.	i
13.)	
Signature of Director or Officer listed in num	ber 12 of the application)	
14. Kandall W. Wilds, D.C	- N.A.	
(Typed or printed name and capacity of pers	on signing application)	

, ,

, . Secretary of State

9/21/05 2:01 PAGE 2/3 RightFAX

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



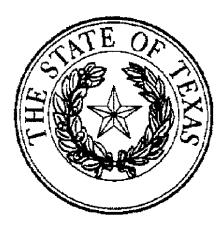
Roger Williams Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Association for Randall Wilds, D.C., a Professional Association (filing number: 800136452), a Professional Association, was filed in this office on October 23, 2002.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 21, 2005.



Roger Williams Secretary of State

A Minima

Come visit us on the internet at http://www.sos.state.tx.us/ Phone: (512) 463-5555 Prepared by: Clara Soto