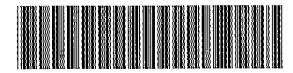
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Office Use Only



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DIVISION LE CENTRIATION

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

Examiner's Initials

DATE:

CONTACT:	KATIE WO	NSCH	THE REAL TO BE TO THE TOWN OF THE PARTY OF T
DATE:	09/27/2005		THE STATE OF THE S
REF.#:	001432.42693	<u>3</u>	
CORP. NAME:	MULTI-CO	MP, INCORPORATED	CARLY TO THE PARTY OF THE PARTY
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() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
(XX) FOREIGN QUAL	IFICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMENT		() MERGER	() WITHDRAWAL
() CERTIFICATE OF (CANCELLATION		
() OTHER:			
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AUTHORIZATI	ON FOR AC	CCOUNT IF TO BE DEBITE):
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() CERTIFICATE O	F STATUS		



ALCHARGE TORING

September 28, 2005

Florida Department of State Division of Corporations

Re: Multi-comp, Inc.

Application by Foreign Corporation for Authorization to Transact

Business In Florida

To Whom It May Concern:

As an officer of the above corporation, I am writing to you today to provide you with the following information:

- 1. The date inputted on the original application (November 1, 2001) was not a correct date for our beginning date of doing business in Florida.
- The correct start date for doing business in Florida was March 1, 2002. This date was also used when the company filed its Sales Tax Account application.

We apologize for any inconvenience this has caused. Should you have any questions, please feel free to give me a call.

Very truly yours,

Galen Niekey, Treasurer

APPLICAT	TION BY FOREIGN CORPORATION I BUSINESS IN FI	FOR AUTHORIZATION TO TRANSACT LORIDA	r À
IN COMPLIANCE REGISTER A FORE	WITH SECTION 607.1503, FLORIDA STATU EIGN CORPORATION TO TRANSACT BUSIN	TES, THE FOLLOWING IS SUBMITTED TO POPULES IN THE STATE OF FLORIDARY SOLUTIONS	
I. (Enter name of cor "Inc.," "Co.," "Cor	TI - COMP, TNC. poration; must include "INCORPORATED," "COp.," "Inc," "Co," or "Corp.")	FOR AUTHORIZATION TO TRANSAC LORIDA TES, THE FOLLOWING IS SUBMITTED TO SESS IN THE STATE OF FLORIDAL COMPANY," "CORPORATION,"	
(If name unavailab	le in Florida, enter alternate corporate name adopte	ed for the purpose of transacting business in Florida)	O _A
2VIRGI	N/A ander the law of which it is incorporated) 3	54-1483076	
	•	- 	
401	101/1989 5.	PERPETUAL ation: Year corp. will cease to exist or "perpetual")	
6,	(Date first transacted business in Floric		•
	(Date first transacted business in Floric (SEE SECTIONS 607.1501 & 607.1502, F.	da, if prior to registration) S., to determine penalty liability)	
7. <u>(00 &</u> .	5 RED RUN BLYD (Principal office address)	DWINGS MILLS MD 21117	
KEVIN ROB	CRTS, C/O CORPDIRECT AGENT (Current mailing address)	TS, INC., SIJE, PARK AVE, TAWAHASSE, FL 323	301
8. LEASE OF (Purpose(s)	PHARM A CEUTICAL PACKAGING of corporation authorized in home state or country	TYSTEMS AND SALES OF RELATED to be carried out in state of Florida) PROD V) CTS
9. Name and street	address of Florida registered agent: (P.O. Box	: NOT acceptable)	
Name:	L CorpDirect Agents, Inc.		
Office Address:	515 East Park Avenue		
	TALLA HASSEE (City)	, Florida 32301 (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.

(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:

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

A. DIRECTORS
Chairman: JOHN KALVELEGE
Address: 10085 RED RUN BLVD. SUITE 109
OWINGS MILLS MD 21117
Vice Chairman: IAN SALDITCH
Address: 10085 RED RUN BLVD., SUITE 109
DWINGS MILLS MD 21117
Director: GALEN NICKEY JR
Address: 10085 RED RUN BLUD SUITE 109
OWINGS MIUS MD 21117
Director:
Address:
B. OFFICERS
President: JOHN KALVELEGE
Address: (5 Am & As ABOVE)
Vice President: GALEN NICKEY JR
Address: (SAME AS ABOVE)
Secretary: GALEN NICKEY
Address: (SAME AS AGOVE)
Treasurer:
Address: (SAME AS ABOVE)
Address. ———————————————————————————————————
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Jalen I Neck
13. Salan I Vice Chairman, or any officer listed in number 12 of the application)
14. GALEN L. NICKEY JR, VICE-PRESIDENT
(Typed or printed name and capacity of person signing application)

Commondorealth of Hirginian



State Corporation Commission

I Certify the Following from the Records of the Commission:

MULTI-COMP, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is November 23, 1988.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: September 23, 2005

Joel H. Peck, Clerk of the Commission