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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		



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Complete with the control of the con

JAN -3 PM 12: 06

HUTCHISON, MAMELE & COOVER, P.A.

ATTORNEYS AND COUNSELORS AT LAW

WILLIAM C. HUTCHISON, JR. (1928-1991) * RICHARD L. MAMELE STEPHEN H. COOVER

* BOARD CERTIFIED MARITAL & FAMILY LAW PARK-FULTON BUILDING, 230 NORTH PARK AVENUE POST OFFICE BOX 1149

> SANFORD, FLORIDA 32772-1149 (407) 322-4051 FAX (407) 330-0966

December 23, 2005

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Codecom Systems, Inc.

Dear Sirs:

Enclosed please find the following documents:

- 1. Cover Letter;
- 2. Executed Application by Foreign Corporation for Authorization to Transact Business in Florida;
- 3. Certificate of Good Standing; and
- 4. My firm's check in the amount of \$78.75.

Should you need any further documentation, please do not hesitate to contact the undersigned.

Sincerely,

Stephen H. Coover

SHC/bmt Enclosure

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CODECOM SYSTEMS, IN	IC.
(Name of corpo	oration - must include suffix)
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," d to register the above referenced foreign corporation to
Please return all correspondence concerning this m	natter to the following:
Stephen H. Coover, Esquire	
	ne of Person)
Hutchison, Mamele & Coover, P.A.	٩.
(Firm	n/Company)
230 North Park Avenue	
(,	Address)
Sanford, FL 32771	
	tate and Zip code)
For further information concerning this matter, plea	ase call:
Stephen H. Coover at (40	07 ₎ 322-4051
(Name of Person) (A	rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	 ∑ \$78.75 Filing Fee & Certified Copy ∑ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSI	
	INESS IN THE STATE OF FLORIDA.
1. CODECOM SYSTEMS, INC.	
(Enter name of corporation; must include "INCORPORATED," "C "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
mo, co, cop, ma, co, o cop,	
	ATE PRID
(If name unavailable in Florida, enter alternate corporate name adop	
2. Illinois 3. 36	5-4232202
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4 May 13, 1998 _{5.} Pe	erpetual
(Date of incorporation) (D	uration: Year corp. will cease to exist or "perpetual")
6.	
(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	
•	
7. 112 Shearwater Way, Daytona Beach, FL (Principal office address)	
112 Shearwater Way, Daytona Beach, I	
(Current maining address)	•
8. The transaction of any or all lawful businesses for which corporation	ons may be incorporated under the business corporation act of 1983.
(Purpose(s) of corporation authorized in home state or countr	y to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Bo	ox NOT acceptable)
_{Name:} Jeffrey M. Dunning	
114110.	-
Office Address: 112 Shearwater Way	-
Daytona Beach	_, Florida <u>32119</u>
(City)	(Zip code)
10. Registered agent's acceptance: Having been named as registered agent and to accept service of 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.

Jeffely M. Durning (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. DIRECTORS Chairman: ___ Address: ___ Vice Chairman: _____ Address: ___ Director: _ Address: Director: _ B. OFFICERS President: Jeffrey M. Dunning Address: 112 Shearwater Way, Daytona Beach, FL 32119 Vice President: Secretary: __ Address: Address: ______ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Jeffele M. Minning (Signature of Director or Officer listed in number 12 of the application) _{14.} Jeffrey M. Dunning, President

(Typed or printed name and capacity of person signing application)

File Number

5994-451-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CODECOM SYSTEMS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MAY 13, 1998, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of

DECEMBER

A.D.

SECRETARY OF STATE