

FD600004623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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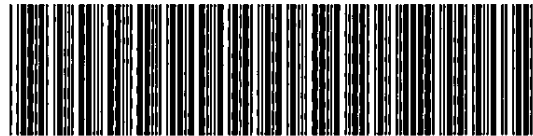
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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06 JUL 10 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 230120 7541378

AUTHORIZATION

[Signature]

COST LIMIT : \$ 87.50

ORDER DATE : July 7, 2006

ORDER TIME : 9:30 AM

ORDER NO. : 230120-005

CUSTOMER NO: 7541378

FOREIGN FILINGS

NAME: EMS MANAGEMENT & CONSULTANTS,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: _____

**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. **EMS Management & Consultants, Inc.**

(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. **North Carolina**

(State or country under the law of which it is incorporated)

3. **561969494**

(FEI number, if applicable)

4. **June 1, 1996**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **n/a**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **4731 Commercial Park Court, Ste. B, Clemmons, NC 27012**

(Principal office address)

P.O. Box 863, Lewisville, NC 27023

(Current mailing address)

8. **All purposes for which a business corporation may be organized.**

(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:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

, Florida **32301**

(Zip code)


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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:

A. DIRECTORS

Chairman: Chad A. Williams, President

Address: P.O. Box 863, Lewisville, NC 27023

Vice Chairman: _____

Address: _____

Director: Philip M. Averett

Address: P.O. Box 863, Lewisville, NC 27023

Director: James A. Logie

Address: P.O. Box 863, Lewisville, NC 27023

B. OFFICERS

President: Chad A. Williams, President

Address: P.O. Box 863, Lewisville, NC 27023

Vice President: Philip M. Averett

Address: P.O. Box 863, Lewisville, NC 27023

Secretary: Philip M. Averett

Address: P.O. Box 863, Lewisville, NC 27023

Treasurer: James A. Logie

Address: P.O. Box 863, Lewisville, NC 27023

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Philip M. Averett, Vice President

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



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

EMS MANAGEMENT & CONSULTANTS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of June, 1996, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of July, 2006.

Elaine F. Marshall

Secretary of State