

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

TL Solutions, Inc.

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11/17/2006

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. (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) PENNSYLVANIA (State or country under the law of which it is incorporated (Duration: Year corp. will cease to exist or "perpensal") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1315 WALNUT STREET (Principal office address) SUME 1708 (Current mailing address) Service (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) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 33324 (دراین) 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. C T Corporation System ANN J. WILLIAMS Assistant Vice President 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

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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:	<u> </u>
Address;	C)
	NO THE
B. OFFICERS	
President: TODD LIEBERMAN	
Address: 1315 WALDUT STREET SUTTE 1708	10 B
PHILADELPHIA PA RIOT	<u> </u>
Vice President: ARI JACOBY	
Address: 1315 WALNUT STREET, SUITE 1708	
PHIADECPHIA, PA RIOT	
Securitary:	
Address:	
Treasurer:	
Address:	
and the second of the second o	en under Aimestore
NOTE: If necessary for fazy attach an addendum to the application listing additional office	TS MILEON DIRECTORS.
13. (Signature of Director or Officer listed in number 12 of the application	<u>'</u>
14 TODD LIEBERMAN, PRESIDENT/CED	
(Typed or printed name and capacity of person signing application)	

FLS19 - IIIM 12006 C T System Gallius

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SECRETABLE OF STATE TALLAHASSEE, FLORIG

OCTOBER 25, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING

I DO HEREBY CERTIFY THAT,

TL SOLUTIONS, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 6316114-1 Verify this certificate online at http://www.dorporations.state.ps.us/corp/soskb/verify.asp