

F06000007237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

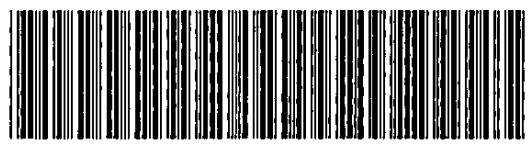
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w06-49044



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*J* 11/20/06

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TO: New Filing Section  
Division of Corporations

06 NOV 20 PM 4: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: BUSINESS COMPONENT SOLUTIONS, INC.  
(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:

HERBERT B. GRAHAM  
(Name of Person)  
BUSINESS COMPONENT SOLUTIONS, INC  
(Firm/Company)  
18701 MACH ONE DR.  
(Address)  
PORT ST. LUCIE, FL 34987  
(City/State and Zip code)

For further information concerning this matter, please call:

HEEB GRAHAM at ( 772 ) - 466-3262  
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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 & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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06 NOV 20 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 8, 2006

HERBERT B. GRAHAM  
18701 MACH ONE DRIVE  
PORT ST. LUCIE, FL 34987

SUBJECT: BUSINESS COMPONENT SOLUTIONS, INC.  
Ref. Number: W06000049044

We have received your document for BUSINESS COMPONENT SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Document Specialist  
New Filing Section

Letter Number: 606A00065871

REC 11-16-06  
MAILED 11-13-06

RECEIVED  
06 NOV 20 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. BUSINESS COMPONENT SOLUTIONS, 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. DELAWARE USA 3. 20-5140962  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 29, 2006 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NONE  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 18701 MACH ONE DR.  
(Principal office address)

PORT ST. LUCIE, FL 34987  
(Current mailing address)  
SAME

8. SOFTWARE DEVELOPMENT  
(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: HERBERT B. GRAHAM

Office Address: 18701 MACH ONE DR.

PORT ST. LUCIE, Florida 34987  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

Herbert B. Graham  
(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: HERBERT B. GRAHAM

Address: 18701 MACH ONE DR.  
PORT ST. LUCIE, FL 34987

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: HERBERT B. GRAHAM

Address: 18701 MACH ONE DR.  
PORT ST. LUCIE, FL 34987

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: LESLIE M. GRAHAM

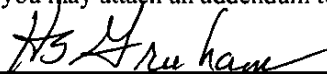
Address: 18701 MACH ONE DR., PORT ST. LUCIE, FL

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. PRESIDENT AND CEO  
(Typed or printed name and capacity of person signing application)

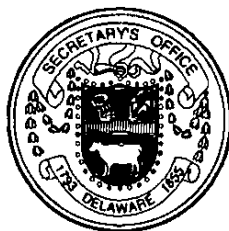
# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUSINESS COMPONENT SOLUTIONS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2006.

FILED  
06 NOV 20 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4183954 8300

060875938

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5135799

DATE: 10-23-06