

F07000001504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

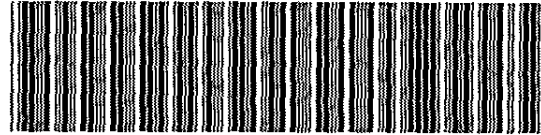
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/16/07--01027--002 **87.50

FILED
07 MAR 16 PM 12:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

P. WHITE MAR 19 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ALLIANCE TECHNOLOGY MANAGEMENT CORP.
(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:

C Seabrook

(Name of Person)

ALLIANCE TECHNOLOGY MANAGEMENT CORP.

(Firm/Company)

2400 LAKEVIEW JARUNNY SUITE 675

(Address)

ALPHARETTA, GA 30004

(City/State and Zip code)

For further information concerning this matter, please call:

C Seabrook

(Name of Person)

at (678) 336 2000 x 103

(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

**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. ALLIANCE TECHNOLOGY MANAGEMENT CORP.
(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 3. 58-2060708
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 3, 1993 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JANUARY 1, 2007
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2400 LAKEVIEW PARKWAY SUITE 475, ANNAPOLIS MD 20004
(Principal office address)

SAME
(Current mailing address)

8. MANAGE INVESTMENTS
(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)

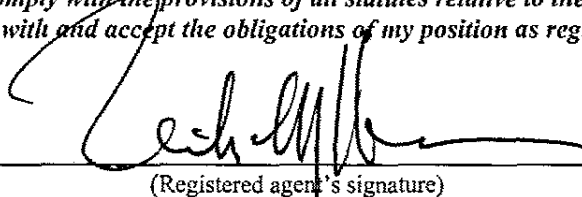
Name: MICHAEL A. HENOS

Office Address: 35 WATERGATE DRIVE #403

SARASOTA, Florida 34236
(City) (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.

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SECRETARY OF STATE

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

A. DIRECTORS

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Chairman: Michael A. Henos

07 MAR 16 PM 12:42

Address: -35 WATERGATE Drive #403
SARASOTA FL 34236

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michael A. Henos

Address: 35 WATERGATE Drive #403
SARASOTA, FL 34236

Vice President: _____

Address: _____

Secretary: Michael A. Henos

Address: 35 WATERGATE Drive #403 SARASOTA FL 34236

Treasurer: Michael A. Henos

Address: 35 WATERGATE Drive #403 SARASOTA FL 34236

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. Michael A. Henos

(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 "ALLIANCE TECHNOLOGY MANAGEMENT CORP." 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 FOURTEENTH DAY OF MARCH, A.D. 2007.

FILED
07 MAR 16 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2346038 8300

070310954



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5503652

DATE: 03-14-07