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Account Name : C T CORPORATION SYSTEM

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### FOREIGN PROFIT/NONPROFIT CORPORATION

CSDVRS Management Services, Inc

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
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Electronic Filing Menu

Corporate Filing Menu

12:91 2002/91/90

#### 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.

| (If name unavailable i                  | n Florida, enter alternate corporate na                                                                                                                                   | ms adopted for the purpose of transacting business in Florida)                                                                               |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Dalaware                                |                                                                                                                                                                           | 3. 20-5986005                                                                                                                                |
| -                                       | r the law of which it is incorporated)                                                                                                                                    | (FEI number, if applicable)                                                                                                                  |
| November 22, 2006                       |                                                                                                                                                                           | 5. Perpetual                                                                                                                                 |
| (Date of in                             | scorporation)                                                                                                                                                             | (Duration: Year corp. will cease to exist or "perpensal")                                                                                    |
|                                         |                                                                                                                                                                           |                                                                                                                                              |
|                                         | (Date first transacted busines<br>(SEE SECTIONS 607.1501 & 607                                                                                                            | ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)                                                       |
| 600 Cleveland Street,                   | Suite 1000, Clearwater, PL 33755                                                                                                                                          |                                                                                                                                              |
|                                         | (Principal office of                                                                                                                                                      | address)                                                                                                                                     |
| Same as above                           |                                                                                                                                                                           |                                                                                                                                              |
| thereto or useful in co                 | american therewith; and to otherwise                                                                                                                                      | uring impaired; to engage in any business or activities related<br>engage in any lawful act or activity that it deems desirable.             |
| (Purpose(s) of c                        | american therewith; and to otherwise                                                                                                                                      | engage in any lawful act or activity that it deems desirable.  From country to be carried out in state of Florida)                           |
| (Purpose(s) of c                        | nmection therewith; and to otherwise of<br>corporation authorized in home state of<br>dress of Florida registered agent: (                                                | engage in any lawful act or activity that it deems desirable.  P.O. Box NOT acceptable)                                                      |
| (Purpose(s) of c<br>Name and street add | emection therewith; and to otherwise of<br>corporation authorized in home state of<br>dress of Florida registered agent: (<br>C T Corporation System                      | engage in any lawful act or activity that it deems desirable.  From country to be carried out in state of Florida)  P.O. Box NOT acceptable) |
| (Purpose(s) of c<br>Name and street add | emection therewith; and to otherwise of corporation authorized in home state of iress of Florida registered agent: (  C T Corporation System  1200 South Pine Island Road | engage in any lawful act or activity that it deems desirable.  Frountry to be carried out in state of Florida)  (P.O. Box NOT acceptable)    |

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:

PLD19 - 62611/2004 C T System Online

| A. DIREC     | ORS                                                                                                    |
|--------------|--------------------------------------------------------------------------------------------------------|
| Chairman:    | e attached list                                                                                        |
| Address: _   |                                                                                                        |
| _            |                                                                                                        |
|              | ·                                                                                                      |
|              | n:                                                                                                     |
| Address: _   |                                                                                                        |
| _            |                                                                                                        |
| Director:    |                                                                                                        |
| Address: _   |                                                                                                        |
|              | •                                                                                                      |
| Thirector    |                                                                                                        |
|              |                                                                                                        |
| Address: _   |                                                                                                        |
|              |                                                                                                        |
| B. OFFI      | • •                                                                                                    |
| President    | oo attached list                                                                                       |
| Address: _   |                                                                                                        |
|              |                                                                                                        |
|              |                                                                                                        |
|              | nt:                                                                                                    |
| Address: _   |                                                                                                        |
| -            |                                                                                                        |
| Secretary:   |                                                                                                        |
| Address:     |                                                                                                        |
| Treasurer:   |                                                                                                        |
| Address:     |                                                                                                        |
|              |                                                                                                        |
| NOTE: 1      | necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13. <u>Y</u> |                                                                                                        |
|              | (Signature of Director or Officer listed in number 12 of the application)                              |
| 14. Sean     | elanger, President                                                                                     |
|              | (Typed or printed name and capacity of person signing application)                                     |

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#### CSDVRS Management Services, Inc.

#### Directors

| Name                    | Address                                                                                               |
|-------------------------|-------------------------------------------------------------------------------------------------------|
| Sean Belanger           | 600 Cleveland Street, Suite 1000<br>Clearwater, FL 33755                                              |
| Gillis Cashman          | c/o M/C Venture Partners 75 State Street Boston, MA 02109                                             |
| Benjamin J. Soukup, Jr. | c/o Communication Service for the Deaf, Inc.<br>102 N. Krohn Place<br>Sioux Falls, South Dakota 57103 |
| James F. Wade           | c/o M/C Venture Partners 75 State Street Boston, MA 02109                                             |

#### Officers

| Name             | Office                  | Address                                                   |
|------------------|-------------------------|-----------------------------------------------------------|
| Sean Belanger    | President and Secretary | 600 Cleveland Street, Suite 1000,                         |
| ,                |                         | Clearwater, FL 33755                                      |
| Michael Strecker | Treasurer               | 600 Cleveland Street, Suite 1000,<br>Clearwater, FL 33755 |
|                  |                         |                                                           |

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## SECRETARY OF STATE PAGE TALLAHASSEE, FLORIDA

# Delaware

The First State

I, BARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELANARE, DO BEREBY CERTIFY "CSDVRS MANAGEMENT BERVICES, 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 TRIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MAY, A.D. 2007.

and I do rereby further certify that the annual reports have

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

070565676



DATE: 05-15-07