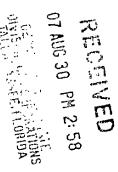
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(Re	equestor's Name)	···-		
(Ad	dress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
(Oil	yrotatorziph hon	<i>-                                    </i>		
PICK-UP	☐ WAIT	MAIL		
. (Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
	Office Use On	ıly		



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2007 AUG 30 PN 3: 03
SECRETAIN OF STATE
TALLAMASSIT FEGRADA

T. Buron AUG 3 1. 2003

## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Drive, Suite A Tallahassee, FL 32301

PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 08-30-07				
NAME: BUSINESS OFFICE SYSTEM SOLUTIONS, INC				
TYPE OF FILING: APPLICATION TO TRANSACT BUISNESS				
COST: CK FOR \$78.75 ATTACHED				
RETURN:				
ACCOUNT: FCA000000015				
AUTHORIZATION: ABBIE/PAUL HODGE				

- " A	APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TR	ANSA	.CT	
	BUSINESS IN FLORIDA	AZ SE	2007	
REGIST	MPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITT FER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	ED TO	AUG	<u> </u>
1. Ente	DUSINESS Office System Solutions INC.  Transport of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"		30 <sub> </sub> PN	EU
	""Co.," "Corp," "Inc," "Co," or "Corp.")	1031 1418	بب	
	Business Office System Solutions (ARK), INC	Sri		
(II na	ume unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business i	n Florida	a)	
2.	Ar Kawsas or country under the law of which it is incorporated)  (FEI number, if applicable)		_	
(State				
4	(Date of incorporation)  5. PERPETUAL  (Duration: Year corp. will cease to exist or "pe		<u></u>	
	(Date of mediporation) (Duration. Teal corp. will cease to exist of pe	apetuai	,	
6	(Date first transacted business in Florida, if prior to registration)	·	_	
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			
7	1512 SE Village Green Dr Port St Lucie FL 34952 (Principal office address)		<del></del>	
<del>-</del>	1512 SE Village Green Dr Port St Lucie Fl 34952 (Current mailing address)	,	<del></del>	
8	Business Consultation  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		_	
0 Na				
9. Nam	e and street address of Florida registered agent: (P.O. Box NOT acceptable)			
	Name: Stephen D'Apolito			
Office A	Address: 1512 SE Village Green Dr			
	D 1 5:1			
	(City), Florida 34952 (Zip code)			
	gistered agent's acceptance: been named as registered agent and to accept service of process for the above stated corporation	on at the	o nlac	0
designa	ted in this application, I hereby accept the appointment as registered agent and agree to act in	this cap	acity.	. I
further ( and I ar	agree to comply with the provisions of all statutes relative to the proper and complete performa n familiar with and accept the obligations of my position as registered agent.	nce of i	my du	ıties,
unu 1 un	n juminur with und accept the obligations of my position as registered agent.			
	17/00			
	(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: Stephen D'Apolito Address: 1512 SE Village Green Dr
Port St Lucic FL 34952 Vice Chairman: Address: Director: \_ Address: \_ Director: \_ Address: **B. OFFICERS** President: Stephen D'Apolito Address: 1512 SE Village Green Dr Port St Lucie FL 34952 Vice President: \_\_\_\_\_ Address: Secretary: Stephen D'Apolito Address: 1512 SE Village Green Dr., Port St Lucie FC 34952 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. し (Signature of Director or Officer listed in number 12 of the application) 14. Stephen DApolito
(Typed of printed name and capacity of person signing application)



## **Arkansas Secretary of State Charlie Daniels**

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

### **Certificate of Good Standing**

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

#### BUSINESS OFFICE SYSTEM SOLUTIONS, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office January 25, 1995.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 8th day of August 2007.

Charlie Daniels Secretary of State

Online Certificate Authorization Code: 579b19d81db5c50

To verify the Authorization Code, visit sos.arkansas.gov