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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

*Heather x2908*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**PARIO SOLUTIONS, INC.**

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T. Burch OCT 17 2007

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# 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. PARIO 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

(State or country under the law of which it is incorporated)

3. 22-3425156

(FEI number, if applicable)

4. 2/28/1996

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp will cease to exist or "perpetual")

## 6. \_\_\_\_\_

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

7. 18956 N. ONE MARY HAYS SUITE 102 LUTZ FL 33548

(Principal office address)

SAME AS ABOVE

(Current mailing address)

8. MAINTAIN CORPORATE OFFICE

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(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.

Corporation Service Company

By: Heather Chapman

(Registered agent's signature)

Heather Chapman  
as its agent

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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TALLAHASSEE, FLORIDA

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

## A. DIRECTORS

Chairman: DAVID EASONAddress: 21316 LAKE VIENNA DRIVE  
LAND O LAKES FL 34638Director: TOM LEACHAddress: 12 BRADY TERRACE  
WAYNE NJ 07470Director: RICHARD DOMINACHAddress: 12 ENGLISH LAKE  
LINCROFT NJ 08824

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

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

## B. OFFICERS

President: DAVID EASONAddress: 21316 LAKE VIENNA DRIVE  
LAND O LAKES FL 34638Vice President: N/A

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

Secretary: KAREN FORBESAddress: 15747 CEDAR CUM TERRACE LAND O LAKES FL 34638Treasurer: SUSAN BURRILLAddress: 21316 LAKE VIENNA DRIVE LAND O LAKES FL 34638

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Karen Forbes

(Signature of Director or Officer listed in number 12 of the application)

14. KAREN FORBES

(Typed or printed name and capacity of person signing application)

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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARIO 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 FIFTEENTH DAY OF OCTOBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARIO SOLUTIONS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 1996.

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

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TALLAHASSEE, FLORIDA

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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 6074410

DATE: 10-15-07