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Florida Department of State
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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

FILED
07 DEC -6 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Carmen Dunlap 12951

FOREIGN PROFIT/NONPROFIT CORPORATION

Wizard Services of Delaware, Inc.

Certificate of Status	0
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MRS 12/7

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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 Wizard Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

Wizard Services of Delaware, Inc.

(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. 26-0317240

(FEI number, if applicable)

4. June 5, 2007

(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. 6 Sylvan Way, Parsippany, NJ 07054

(Principal office address)

6 Sylvan Way, Parsippany, NJ 07054

(Current mailing address)

8. Reservation Services

(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:**

(Registered agent's signature)

Carina L. Dunlap
Asst. Vice President

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Ronald L. NelsonAddress: 6 Sylvan WayParsippany, NJ 07054Director: F. Robert SalernoAddress: 6 Sylvan WayParsippany, NJ 07054

B. OFFICERS

President: F. Robert SalernoAddress: 6 Sylvan WayParsippany, NJ 07054Vice President: Izilda P. MartinsAddress: 6 Sylvan WayParsippany, NJ 07054Secretary: Jean M. SeraAddress: 6 Sylvan Way, Parsippany, NJ 07054Treasurer: David B. WyshnerAddress: 6 Sylvan Way, Parsippany, NJ 07054

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

13. JM Sera
(Signature of Director or Officer listed in number 12 of the application)14. Jean M. Sera, Senior Vice President and Secretary
(Typed or printed name and capacity of person signing application)

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WIZARD SERVICES, 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WIZARD SERVICES, INC." WAS INCORPORATED ON THE FIFTH DAY OF JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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TALLAHASSEE, FLORIDA

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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6121027

DATE: 10-31-07