

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H08000030640 3)))



H080000306403ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.  
Account Number : I20050000099  
Phone : (813) 932-5244  
Fax Number : (813) 932-3782

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**CARDINAL GROUP SERVICES, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

2008 FEB -6 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

Electronic Filing Menu

Corporate Filing Menu

Help

*[Handwritten signature and date 2/7]*

02/06/2008 12:12  
850-617-6381

8139323782

CRS

PAGE 01

2/6/2008 12:11 - PAGE 001/001 - Florida Dept of State



February 6, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
CONTRACTORS REPORTING SERVICES, INC.

SUBJECT: CARDINAL GROUP SERVICES INC.  
REF: W08000006402

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the principal office complete address including the city and state.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H08000030640  
Letter Number: 308A00007851

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: CARDINAL GROUP SERVICES INC.**

(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:

**ROMAN ALBANO**

(Name of Person)

**CONTRACTORS' REPORTING SERVICE, INC**

(Firm/Company)

**2001 W BUSCH BLVD. STE A**

(Address)

**TAMPA FL 33612**

(City/State and Zip code)

For further information concerning this matter, please call:

**ROMAN ALABNO**

(Name of Person)

at (813 ) 932-5244

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration 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. CARDINAL GROUP SERVICES 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. 25-1712272**

(FEI number, if applicable)

**4. 05/28/1993**

(Date of incorporation)

**5. PERPETUAL**

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

**6. UPON QUALIFICATION**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

**7. 1201 ORANGE STREET SUITE 500 WILMINGTON, DE 19801**

(Principal office address)

**244 W AIRPARK DR CENTRAL CITY, PA 15926**

(Current mailing address)

**8. ANY AND ALL LAWFUL BUSINESS**

(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 or Mail Drop Box NOT acceptable)**

Name: **CONTRACTORS' REPORTING SERVICE, INC**

Office Address: **2001 W BUSCH BLVD. STE A**

**TAMPA**

(City)

, Florida **33612**

(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.

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

2008 FEB -6 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**President: **JOSEPH MARKFERDING**Address: **244 W AIRMARK DR****CENTRAL CITY, PA. 15926**

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. Joseph Markferding **SIGN HERE**  
(Signature of Director or Officer listed in number 12 of the application)14. **JOSEPH MARKFERDING**  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

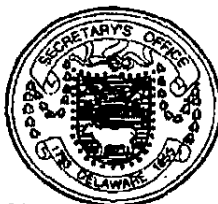
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL GROUP 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 TWENTY-NINTH DAY OF JANUARY, A.D. 2008.

2338450 8300

080095463

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6346272

DATE: 01-29-08