## **Electronic Filing Cover Sheet**

Public Access System

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.

(((H08000127264 3)))



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

: CORPORATION SERVICE COMPANY

Account Number: I2000000195 Phone

(850)521-1000

Fax Number

(850)558-1575

K2908

FOREIGN PROFIT/NONPROFIT CORPORATION

CLIENT/SERVER SOFTWARE SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help 🖫

 $\ddot{\omega}$ 

HOLLWAGGEOD JO HOLSIAI



7"7"

## 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.

Tallahassee	, Florida 32301	は日日
		明日
	D. Box NOT acceptable)	7 7
•		夏
<del></del>	A SE	8 =
(Current mailing add	iress)	
• • •	•	
(SBE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability)	
	in Placida (Furiar to surjetusion)	•
e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	•
5.	PERPETUAL	
	(FEI number, if applicable)	-
·		
	(Date first transacted business (SBE SECTIONS 607.1501 & 607.1 NOR PARKWAY SUITE 201 BE (Principal office add NOR PARKWAY SUITE 201 BE (Current mailing add services to federal government s) of corporation authorized in home state or cet address of Florida registered agent: (P.C Corporation Service Company 1201 Hays Street	(Principal office address)  NOR PARKWAY SUITE 201 BELLEVUE, NE 68123  (Current mailing address)  services to federal government  s) of corporation service Company  (Corporation Service Company  (Corporation Service Company  (FEI number, if applicable)  (PERPETUAL  (Durstion: Year corp. will cease to exist or "perpetual")  (Durstion: Year corp. will cease to exist or "perpetual")  (Durstion: Year corp. will cease to exist or "perpetual")  (Purstion: Year corp. will cease to exist or "perpetual")  (Purstion: Year corp. will cease to exist or "perpetual")  (SBE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  (Principal office address)  (Current mailing address)

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: Hather Chapman
as its 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:	
A, DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	· · · · · · · · · · · · · · · · · · ·
<del></del>	- O B
Director:	
Address:	12
	See East
Director:	F. 72
Address:	
B. OFFICERS	
Fresident: Lisa N. Wolford	· · · · · · · · · · · · · · · · · · ·
Plattsmouth, NE 68048	
Vice President:	
Address:	
<del></del>	
Secretary:	
Address:	
Freasurer:	· · · · · · · · · · · · · · · · · · ·
Addross:	
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors.
13. An Wolf	
(Signature of Director or Officer listed in number 12 of the applic	cation)
4. Lisa N. Wolford (Typed or printed name and capacity of person signing applications)	ion)

## STATE OF



**NEBRASKA** 

United States of America, State of Nebraska

} 85

Department of State Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

CLIENT/SERVER SOFTWARE SOLUTIONS INC

was dily/incorporated under the laws of this state on July 22, 1997 and do further certify that no occupation taxes assessed are unpaid and no biennial reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof

al have hereunto set my hand and affixed the Great Seal of the State of Neuraska on March 12, 2008.

SECRETARY OF STATE



This certificate is not to be construed as an endorsament, recommendation, or notice of approval of the entity's financial condition or business activities and practices.