Sold Department of State 156

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

Fax Number : (561) 455-9885

FOREIGN PROFIT/NONPROFIT CORPORATION

CONTRACT CONSULTING CORPORATION

Certificate of Status	0
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CASTOR TRANSPORTER

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MRD9/24

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.

(Enter name of c	CT CONSULTING CORPORATE CORPORATE (CORP.) "Inc.," "Co.," or "Corp.")			
	·			
(If name unavail	able in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting busi	ness in Florida)
DELAWA	RE	3.		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)
06/04/200	8	5.	PERPETUAL	
(Date	of incorporation)		(Duration: Year corp. will cease to exist	or "perpetual")
, UPON QL	JALIFICATION	•		
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
2923 CAR	MIA DRIVE, ORLANDO, I		• • •	
•	(Principal office			
2923 CAR	MIA DRIVE, ORLANDO,			
	(Current mailing			
l			ountry to be carried out in state of Florida)	
	•			F 08
. Name and street	et address of Florida registered agent:	(P.C). Box NOT acceptable)	Eg g
Name:	DIANNE M MAZOREK		_	11 2
Office Address:	2923 CARMIA DRIVE			SSEE.
	ORLANDO		, Florida 32806 (Zip code)	の年の
	(City)		(Zip code)	'宗王
0. Registered a	gent's acceptance:			Pr.
Having been nam	eed as registered agent and to accept s	ervi	ce of process for the above stated corp.	oration at the pla
urther <mark>agree</mark> to c	application, I hereby accept the appo omply with the provisions of all statut with and accept the obligations of m	es r	nent as registered agent and agree to a elative to the proper and complete perf sition as registered agent.	ct in this capacity formance of my d
_	(Registered agent's signat	_		
	(Registered agent's signat	ure)		
1 Attached ico	carrificate of evictories duly suthenties	4-4	not many show 00 days unlanded delicer-	

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.

#-08000 22/12/-3

12. Names and business addresses of officers and/or directors:	4.08000 2211213
A. DIRECTORS	1
Chairman:	
Address:	
Vice Chairman:	
Address:	
	•
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: DIANNE M MAZOREK	
Address: 2923 CARMIA DRIVE	
ORLANDO, FLORIDA 32806	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
Nome to	
NOTE: If necessary, you may attach an addendum to the application listing at	Iditional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 or	the application)
Dianne M Mazorek, President	·
(Typed or printed name and capacity of person signing	a application)

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Delaware H.08000221121-3

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTRACT CONSULTING CORPORATION" 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-THIRD DAY OF SEPTEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONTRACT CONSULTING CORPORATION" WAS INCORPORATED ON THE FOURTH DAY OF JUNE, A.D. 2008.

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



4557315 8300 080976984



Darriet Smith Hindon
AUTHENTIC APIT WINDOOD SECTORS OF State

DATE: 09-23-08

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