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(((H09000062527 3)))



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To:

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: (850)617-6381 Fax Number

From:

Account Name : CORPDIRECT AGENTS, INC.

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FOREIGN PROFIT/NONPROFIT CORPORAT

INVESTOR SERVICES, INC.

Certificate of Status	1
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Help

To: The Florida Dept. of State Subject: 000150.101481

From: Ashley Smith

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March 18, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPDIRECT AGENTS, INC.

SUBJECT: INVESTOR SERVICES, INC.

REF: W09000012844

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TALLAHASSEE, FLORES

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.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp.," "Corp.," "Inc.," "Co.," "Corp.," "Corp.,"

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L05000022276 (INVESOR SERVICES, LLC).

If you have any further questions concerning your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section FAX Aud. #: H09000062527 Letter Number: 209A00009247

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H090000625273

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, I 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

INVESTO	OR SERVICES, INC.	
(Enter name of co	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Corp.," "Inc," "Co," or "Corp.")	
Ul name unavail	TOR SERVICES I. /NC. lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. SOUTH C		
	y under the law of which it is incorporated) (FEI number, if applicable)	
4 MARCH 2		
	e of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")	
	(Communication of the Communication of the Communic	
6	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
, MAILCODE	E 001-16-06-40, 200 WEST 2nd STREET, WINSTON-SALEM, NC 27101-40)19
/	(Principal office address)	
MAILCODE	E 001-16-06-40, 200 WEST 2nd STREET, WINSTON-SALEM, NG-27101-40	19
	(Current mailing address)	
. Anv activit	ty or business permitted under the laws of the United States and of this Sta	ate
	(s) of corporation authorized in home state or country to be carried out in state of Florida)	
	eet address of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	DAVID A. WHITE	
Office Address:	BB&T, 5969 CATTLERIDGE BOULEVARD, SUITE 203	
	SARASOTA , Florida 34232	
	(City) (Zip code)	
Having heen nam designated in this further agree to c	agent's acceptance: med us registered agent and to accept service of process for the above stated corporation ut the place is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my duties, ir with and accept the obligations of my position as registered agent.	
	Daid Ce White	
	(Registered agent's signature)	

il. 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.

From: Ashley Smith

Н09000062527 3

12. Names and distress addresses of officers and/or directors:		
A. DIRECTORS		
Chairman:		
Address:		
·		
Vice Chairman:		<u>.</u>
Address:		
Director: DAVID A. WHITE		
Address: BB&T, 5969 CATTLERIDGE BOULEVARD, SUITE 203		
SARASOTA, FLORIDA 34232		
Director:		
Address:		
	****3	
B. OFFICERS		=171
President:		
Address:	55 -	<u> </u>
	<u> Pio</u>	m
Vice President:		المستعددة الم
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary you may attach an added done to the sufficient that a state of the sufficient to th	41 45	
NOTE: If necessary, you may attach an addendum to the application listing additional officer	rs and/or directors.	
(Signature of Director or Officer listed in number 12 of the application))	
DAVID A. WHITE, Director		
(Typed or printed name and capacity of person signing application)		

7000 1445

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond. Secretary of State of South Carolina Hereby certify that:

INVESTOR SERVICES, INC.,

a corporation duly organized under the laws of the State of South Carolina on March 27th, 1996, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 23rd day of February, 2009.

Mark Hammond, Secretary of State

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