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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Business Entity Name)	<u>-i-</u>
(Document Number)	<u>::</u>
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Special Instructions to Filing Officer:	
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2009 SEP -8 PM 4: 5
SECRETARY OF STATE
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COVER LETTER

TO: New Filing Section Division of Corporation	ns			
SUBJECT: O'Brien's Re	esponse Manage	ment Inc.		
		n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," and transact business in Florida.				
Please return all correspondence	e concerning this matte	r to the following:		
	Gary Star	nkovich		
	Name of	Person		
	Solid Resou	ırces Inc		
	Firm/Con	npany		
	555 Winderley Pl	ace, Suite 220	<u> </u>	
	Addı	ress		
	Maitland, Flor	rida 32751		
•	City/State a	and Zip code		
	gstankovich@solid	l-resources.com		
Е-п	iail address: (to be used	for future annual report r	notification)	
For further information concer-	ning this matter, please	call:		
Gary Stankovich	at (407	₎ 702-1172		
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER New Filing Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle	MAILING A New Filing Se Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	
Enclosed is a check for the foll	owing amount:			
	8.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	



RECEIVED DEPARTMENT OF STATE

09 SEP -8 PM 1:03

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2009

GARY STANKOVICH SOLID RESOURCES INC 555 WINDERLEY PLACE, SUITE 220 MAITLAND, FL 32751

SUBJECT: O'BRIEN'S RESPONSE MANAGEMENT INC

Ref. Number: W09000038496

We have received your document for O'BRIEN'S RESPONSE MANAGEMENT INC and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 309A00028779

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.

· -	sponse Management Inc.		
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
	,,,		
			<u>.</u>
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ess in Florida)
2. Louisiana		72-0978746	
- ·	under the law of which it is incorporated)	(FEI number, if applicable)	
4. 06-15-1983		perpetual	- 46
•	of incorporation)	(Duration: Year corp. will cease to exist of	r "perpetuar")
6. <u>N/A</u>	(Data first transacted business in	n Florida, if prior to registration)	
		502, F.S., to determine penalty liability)	
7, 2929 E. Impe	rial Hwy., Suite 290 Brea California	92821	
	(Principal office add		
2929 E. Impe	erial Hwy., Suite 290 Brea California		
	(Current mailing add	ress)	
8. Consulting S	Services		TAS 29
) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	1009 SEP
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)			SEP-8 PI RETARY OF WHASSEE; F
Name:	Gary Stankovich		
Office Address:	555 Winderley Place, Suite 220	- 	PH 4:5
	Maitland	, Florida 32751	S 5
	(City)	(Zip code)	
Having been nam designated in this further agree to co	gent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r with and accept the obligations of my po	nent as registered agent and agree to ac elative to the proper and complete perfo	ct in this capacity. I

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: Tim Perkins Address: 2929 E. Imperial Hwy., Suite 290 Brea, California 92821 Vice Chairman: Ran Blank Address: 3500 Sunrise Highway, Suite T-103 Great River, NY. 11739 Director: Alice Gran Address: 2200 Eller Drive Fort Lauderdale, FL. 33316 Director: Address: ___ **B. OFFICERS** President: Eric Politte Address: 6620 Cypress Drive, Suite 200 Spring, TX. 77379 Vice President: Ran Blank Address: 3500 Sunrise Highway, Suite T-103 Great River, NY. 11739 Secretary: Keith Forster Address: 2929 E. Imperial Hwy., Suite 290 Brea California 92821 Treasurer: Keith Forster Address: 2929 E. Imperial Hwy., Suite 290 Brea California 92821

United States of America State of Louisiana



As Secretary of State, Jay Dardenne, I do hereby Certify that

O'BRIEN'S RESPONSE MANAGEMENT INC.

A corporation domiciled in SLIDELL, LOUISIANA,

Filed charter and qualified to do business in this State on June 15, 1983,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set My hand and caused the Seal of my Office To be affixed at the City of Baton Rouge on,

August 31, 2009

Secretary of State



Certificate ID: 20090831001732

To validate this certificate, visit the following web site, go to Commercial Division, Validate Certificate, then follow the instructions displayed.

www.sos.louisiana.gov