

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.

(((H09000239945 3)))\*

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To:

Division of Corporations

From:

Account Name Co: C T CORI

Account Number: FCA000000023 : (850)222-1092

Phone

: (850)878-5368 Fax Number

- 10 ( 1200 pp 3) 19 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

### FOREIGN PROFIT/NONPROFIT CORPORATION

Perdue Business Services Inc.

Certificate of Status	0
Certified Copy	0
Page Count	<b>95</b> ( <i>j</i>
Estimated Charge	\$70.00

11/1 / 11/12/2009

https://efile.sunbiz.org/scripts/efilcovr.exe

## **COVER LETTER**

TO: New Filling Section Division of Corporations				
SUBJECT: Perdue Business Services inc	2.			
Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand referenced foreign corporation to transact business in Flo	ling "and check are submitted to register the above			
Please return all correspondence concerning this matter t	to the following:			
Kim Bea	ard			
Name of P	erson			
Venable LLP				
Firm/Company				
750 East Pratt Stre	et, Suite 800			
Addres	15			
Baltimore, Maryl	and 21202			
City/State and Zip code				
KLBeard@Ven				
E-mail address: (to be used th	r future emual report notification)			
For further information concerning this matter, please ca	H:			
Kim Beard 410	<sub>)</sub> 244-7829			
at L	ode & Daytime Telephone Number			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
•				
Enclosed is a check for the following amount:				
S70.00 Filing Fee S78,75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Cop Certificate of Status & Certified Copy			

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	siness Services Inc.		21 AON 60
(Enter same of "Inc.," "Ca.," "(	corporation; must include "INCORPORATE! Corp.," "Inc.," "Co.," or "Corp.")	D," "COMPANY," "CORPORATION,"	2 AM 10: 05
(If name unava	lable in Florida, enter alternate corporate name	is adopted for the purpose of transacting business in Florida)	: 05
2, Maryland	3	27-1059273	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4. 10/1/2009		Perpetual	
(Dat	e of incorporation)	(Duration: Year corp. will coase to exist or "purpetual")	
6. <u>-</u>			
	(Dee Sections 607.1501 & 607.	in Florida, if prior to registration) 1502, P.S., to determine penalty liability)	
7, 31149 Old O	cean City Road	, , ,	
	(Principal office ed	dress)	
Salisbury, M	anyland 21804		
	// W A U!		
	(Current mailing at	dress)	
. Comorate h	,	dress)	
	usiness services  of corporation authorized in home sum or	,	
(Purpose(	usiness services	country to be carried out in state of Florida)	
(Purpose(	ousiness services  a) of corporation authorized in home state or	country to be carried out in state of Florida)	
(Purpose)  9. Name and size  Name:	susiness services  i) of corporation authorized in home state or operation authorized in home state or operation authorized in home state or operation and in the state of Plorida registered agents: (P.	country to be carried out in state of Florida)	
(Purpose)  9. Name and size  Name:	susiness services  a) of corporation authorized in home state or operation authorized in home state or operation authorized in home state or operation system  CT Corporation System	Country to be carried out in state of Florida)  C. Box NOT acceptable)	
(Purpose)  9. Name and size  Name:	eusiness services a) of corporation authorized in home state or out address of Florida registered agent: (P. CT Corporation System 1200 South Pine Island Road	country to be carried out in state of Florida)	
(Purpose)  9. Name and stre Name: Office Address:  10. Registered a Having been named designated in this further agree to e	et address services  et address of Florida registered agent: (P.  CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: and as registered agent and to accept sent application, I hereby accept the appoint	O. Box NOT acceptable)  . Florida 33324  (Zip code)  vice of process for the above stated corporation at the planet as registered agent and agree to act in this capach relative to the proper and complete performance of my	by. I
(Purpose)  9. Name and stre Name: Office Address:  10. Registered a Having been named designated in this further agree to e	et address services  et address of Florida registered agent: (P.  CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance:  sed as registered agent and to accept sent application, I hereby accept the appoint  comply with the provisions of all statutes	Country to be carried out in state of Florida)  O. Box. NOT acceptable) , Florida 33324  (Zip code)  vice of process for the above stated corporation at the planent as registered agent and agree to act in this capach relative to the proper and complete performance of my constion as registered agent.	by. 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 Socretary 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:	12
A. DIRECTORS	. 至
	<u></u>
Chairman: James A. Perdue	- 20
Address: 31149 Old Ocean City Road, Salisbury, Maryland 21804	
Vice Chairman: Elleen F. Burza	,
Address: 31149 Old Ocean City Road, Salisbury, Maryland 21804	
Director: Herbert D. Frerichs, Jr.	
Address: 31149 Old Ocean City Road, Salisbury, Maryland 21804	
Director:	
Address:	
B. OFFICERS	
President; James A. Perdue	
Address: 31149 Old Ocean City Road, Sallsbury, Maryland 21804	
Vice President: Eileen F. Burza	
Address: 31149 Old Ocean City Road, Salisbury, Maryland 21804	
Secretary: Herbert D. Frerichs, Jr.	
Address: 31149 Old Ocean City Road, Salisbury, Maryland 21804	
Treasurer: Thomas E. Mahn	
Address: 31149 Old Ocean City Road, Sallabury, Maryland 21804	·
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directo	12'
(Signature of Director or Officer listed in number 12 of the application)	
14. Thomas E. Mahn	
[ Throad do pointed wares and separity _ f	

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PERDUE BUSINESS SERVICES INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER, AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 03, 2009.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TI/Voice Fax (410) 333-7097