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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP - 8 PM 3:26

APPROVED  
AND  
FILED

PS 9/9/10

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ALL STORAGE MANAGEMENT TEAM, INC.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LYNDA WILLIAMS

Name of Person

ALL STORAGE MANAGEMENT TEAM, INC.

Firm/Company

431 SW CRABAPPLE COVE

Address

PORT ST. LUCIE, FL 34986

City/State and Zip code

lyndawms@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNDA WILLIAMS at (772) 237-4425  
Name of Person Area Code & 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:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.

1. ALL STORAGE MANAGEMENT TEAM, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA

(State or country under the law of which it is incorporated)

3. 27-0299231

(FEI number, if applicable)

4. 06/08/2009

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 431 SW CRABAPPLE COVE, Port St. Lucie, FL 34986

(Principal office address)

431 SW CRABAPPLE COVE, Port St. Lucie, FL 34986

(Current mailing address)

8. Provide management, marketing, training and administration to businesses and personnel.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LYNDA WILLIAMS

Office Address: 431 SW CRABAPPLE COVE

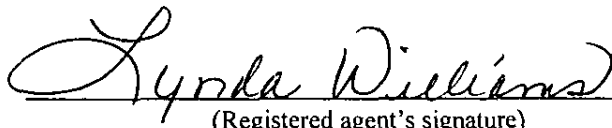
PORT ST. LUCIE, Florida 34986

(City)

(Zip code)

10. **Registered agent's acceptance:**

*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.*

  
(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.

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TALLAHASSEE, FLORIDA

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AND  
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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: EDWARD WILLIAMS

Address: 431 SW CRABAPPLE COVE  
PORT ST. LUCIE, FL 34986

Vice Chairman: LYNDA WILLIAMS

Address: 431 SW CRABAPPLE COVE  
PORT ST. LUCIE, FL 34986

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: EDWARD WILLIAMS

Address: 431 SW CRABAPPLE COVE  
PORT ST. LUCIE, FL 34986

Vice President: LYNDA WILLIAMS

Address: PORT ST. LUCIE, FL 34986  
PORT ST. LUCIE, FL 34986

Secretary: LYNDA WILLIAMS

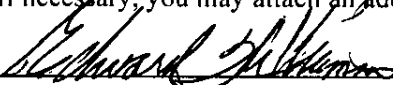
Address: 431 SW CRABAPPLE COVE, PORT ST. LUCIE, FL 34986

Treasurer: EDWARD WILLIAMS

Address: 431 SW CRABAPPLE COVE, PORT ST. LUCIE, FL 34986

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Edward Williams, President  
(Typed or printed name and capacity of person signing application)

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

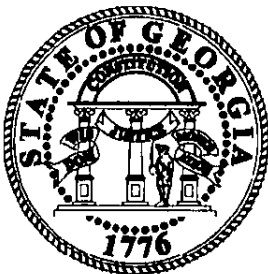
### **ALL STORAGE MANAGEMENT TEAM, INC.**

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 06/08/2009 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 28th day of August, 2010

Brian P. Kemp  
Secretary of State