Florida Department of State Division of Corporations

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FOREIGN PROFIT/NONPROFIT CORPORATION Advantage Management Systems d/b/a Advantage Managem

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T. SUMAIS , IMM, S. & SAM! 1/27/2011

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Advan	tage Management Systems Inc.						
(Enter name of c	orporation; must include "INCORPORA' [orp," "Inc," "Co," or "Corp.")	ED," "	COMPAI	vy," "corporation,"		-	
Advantag	e Nariagement Syste	ım <u>ş</u>	œ	Delaware In		_	
	able in Florida, enter alternate corporate na	une ado	pted for t	he purpose of transacting bu	winess in Florida)		
2. Delaware		_3. <u>_</u> 26	-3750221			_	
(State or country	under the law of which it is incorporated)			(FEI number, if applicat	ile)		
4. November 17, 2	008		penul			_	
(Date	of incorporation)	(I	Anation:	Year corp. will cease to exi	st or "perpetual")		
6						_	
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60					-	
7 120 North Lime	Street, Lancaster, PA 17608-1268						
· ·	(Principal office	eddres:	;)			~	
P.O. Box 1268, L	ancaster, PA 17608-1268						
<u> </u>	(Current mailing	eddres	4)			-	
8. Administrative S					··· ,		
(Lympose(s	i) of corporation authorized in home state of	OL COMM	try to be o	arried out in state of Florida) <u>=</u>	2	
9. Name and street	ct address of Florida registered agent: ((P.O. E	ox <u>NO</u>	_acceptable)	SEC	011 JAN 27	_
Name:	CT Corporation System	<u>. </u>				AN	
Office Address:	1200 South Pine lalend Road				SSE	27	7
	Plantation		_ Flor	da 33324	11 62 13 7	A	
	(City)			(Zip code)		بَي (
10 Bardetanada	gent's acceptance:				25	بن	
Having been nam	ed as registered agent and to accept w	ervice	of proces	is for the above stated co	rporation at the	place	
designated in this	epplication, I hereby accept the appo	inimen	ıt as regi	stered agent and agree w	act in this capa	city. I	
	omply with the provisions of all statut with and accept the obligations of m				ryormance of m	y auties,	
men a wat juanta	C T Corporation System	, ,,,,,,,,,,		VickiAnn Owens			
	1			nadial Assistant Secretary			
Ву	1/1che Consa	<u> </u>		in a men una seith it addictory			
	Registered agent's signat	(מיונל			-		

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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12. Names and business addresses of officers and/or directors: A. DIRECTORS Chuirman: Address: _ Vice Chairman: ____ Director: Lori A. Pickell Address: 120 North Lime Street Lancaster, PA 17602 Director: _ Address: B. OFFICERS President: Lori A. Pickell Address: 120 North Lime Street Lancaster, PA 17602 Vice President: _ Secretary: Linda F. Taylor Address: 120 North Lime Street, Lancaster, PA 17602 Treasurer. Linda F. Taylor Address: 120 North Lime Street, Lancaster, PA 17502 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Linda F. Taylor Secretary-Treasurer

(Typed or printed name and capacity of person signing application)



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANTAGE MANAGEMENT SYSTEMS INC." 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-SEVENTH DAY OF JANUARY, A.D. 2011.

AND I DO HEREBY FORTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

4624091 8300

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You may verify this certificate online at corp.delawase.gov/eutheur.shtml

DATE: 01-27-11