F11000000801

(Re	questor's Name)				
(Ad	dress)				
(Add	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu:	siness Entity Nar	ne)			
•					
(Doc	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to I	Filing Officer:				
					



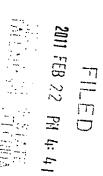


300192985433

02/03/11--01035--002 **70.00

02/22/11--01059--002 **1400.00

W 1001



COVER LETTER

			•		
TO:	New Filing Sec Division of Cor				,
SUBJ	ест: <u>(</u>	ORE CARD		tware on - must include suffix)	tuc.
		(Name of corp	oran	m · must metude surma)	
Dear S	ir or Madam:				
"Certif					ct Business in Florida," need foreign corporation to
Please	return all corresp	ondence concerning this	mattei	to the following:	
	Bona	ie Herron)		
	To Forest	(Na	ime of	Person)	<u> </u>
	CORP CO	IDA SAFTANO	110	· Juc:	
		(Fig	m/Co	mpany)	
	8 One	e Meca M	lai	Y	
	, , , , , , , , , , , , , , , , , , , 		(Add	rdss)	
; .	Narc	DOSS GA.	2	0093	
	1/01	(City/	State	and Zip code)	
				,	
For fui	ther information	concerning this matter, pl	ease c	all:	
-4	•			>	
<u> </u>	Sonnie He	270m at ()	10	<u> </u>	550Y
	(Name of Person	on) (Area (Code & Daytime Teleph	one Number)
	CEDEFT/COL	untum atsuntico.		RAALI INIC A	DDDECC.
STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section					
Division of Corporations		Division of Corporations			
Clifton Building P.O. Box 6327					
	2661 Executive Tallahassee, FL			Tallahassee, F	L 32314
Enclos	ed is a check for	the following amount:			
X \$70	0.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status		S78.75 Filing Fee & Certified Copy	☐\$87.50 Filing Fee, Certificate of Status & Certified Copy



Division of Corporations

February 4, 2011

BONNIE HERRON ONE MECA WAY NORCROSS, GA 30093

SUBJECT: CORECARD SOFTWARE, INC.

Ref. Number: W11000007007

We have received your document for CORECARD SOFTWARE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,400.00.

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) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 311A00003055

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. (Enter name of corporation; must include "INCORPORATED," "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) (State or country under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) of corporation authorized in home state or country to be carried out in state of Flor 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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.

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.

(Registered agent's signature)

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

A: DIRECTORS	
Chairman: J. Leland Strange	
Address: 4355 Shacklelan Road	
Narchoss GHD 30093	
Vice Chairman: NA	## T
Address:	2 m
Director: J. William Gosphow	37 £
Address: 4355 Shackelloro Road	
Morross 64 1 30093	
Director:	
Address:	
B. OFFICERS	
President: J. Leland. Strange	•
Address: 4355 Shackleloko Kn	
Norchoss GA 30093	
Vice President: Day Stayros	
Address: 461 Hightower Drive	
· DeBary F1 32713	
Secretary: Bonnie Herron	
Address: 4355 Shackleforn KD, Normoss 6	A 30093
Treasurer: Bonnie Herron	
Address: 4355 Shackleford Ko, Nora	oss 6A 30093
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. Bonnie Herron, Soc/heasurer	
(Typed or printed name and capacity of person signing application)	

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CORECARD SOFTWARE, 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 FIFTEENTH DAY OF JANUARY,

A.D. 2011.

2011 FEB 22 PH 4: 4

3333462 8300

101173561

AUTE

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 8497959

DATE: 01-15-11

You may verify this certificate online at corp.delaware.gov/authver.shtml