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COVER LETTER

| TO: New Filing Section Division of Corporations | |
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| SUBJECT: GOINDUSTRY DOVEBID, INC | C. |
| | ration - must include suffix |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation" "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by | |
| Please return all correspondence concerning this n | natter to the following: |
| James Sklar | |
| Nam | ne of Person |
| GoIndustry DoveBid, Inc. | |
| Firm | /Company |
| 27600 Northwestern Hwy, Suite 220 | |
| | Address |
| Southfield, MI 48034 | |
| City/St | ate and Zip code |
| ames.sklar@go-dove.com | |
| E-mail address: (to be a | sed for future annual report notification) |
| For further information concerning this matter, ple | ase call: |
| James Sklar at (24) | 359-1328 |
| | Area Code & Daytime Telephone Number |
| | |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy |

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| 1 GOINDUST | | THE STATE OF FLORIDA. | \equiv |
|--|--|---|----------------------|
| | RY DOVEBID, INC. | ************************************** | - 35 |
| | orporation; must include "INCORPORATED," "COMPAN" | Y," "CORPORATION," | MAR |
| 'Inc.," "Co., " "C | orp," "Inc," "Co," or "Corp.") | <u> </u> | 5 |
| | | | |
| | | 11,5 | _ == |
| (If name unavaila | able in Florida, enter alternate corporate name adopted for the | e purpose of transacting business in Florida) | # # |
| 2. Maryland | 3. 52-0993748 | 8 57 | <u>+</u> |
| - · · · · · · · · · · · · · · · · · · · | under the law of which it is incorporated) | (FEI number, if applicable) | • " |
| September 11 | , 1973 5. Perpetual | | |
| `` | | ear corp. will cease to exist or "perpetual") | • |
| 6. 1/1/11 | | | |
| J | (Date first transacted business in Florida, if pr | ior to registration) | • |
| | (SEE SECTIONS 607.1501 & 607.1502, F.S., to de | | |
| 7, 11425 Cronhil | Drive, Suite A, Owings Mills, MD 21117 | | |
| · • | (Principal office address) | | • |
| Same | | | |
| | (Current mailing address) | | |
| | • | | |
| Conduct auction | oneering business, appraisals, public and private sa | les | |
| · | | | |
| , , , |) of corporation authorized in home state or country to be can | rried out in state of Florida) | |
| |) of corporation authorized in home state or country to be cau | · | |
| | • | · | |
| 9. Name and <u>stree</u> Name: | t address of Florida registered agent: (P.O. Box NOT: Corporation Service Company | · | |
| 9. Name and <u>stree</u> Name: | t address of Florida registered agent: (P.O. Box NOT: Corporation Service Company 1201 Hays Street | acceptable) | |
| 9. Name and <u>stree</u> Name: | t address of Florida registered agent: (P.O. Box NOT: Corporation Service Company 1201 Hays Street | acceptable) | |
| 9. Name and stree | t address of Florida registered agent: (P.O. Box NOT: Corporation Service Company 1201 Hays Street | acceptable) | |
| 9. Name and <u>stree</u> Name: Office Address: | t address of Florida registered agent: (P.O. Box NOT: Corporation Service Company 1201 Hays Street Tallahassee , Florida (City) | acceptable) | |
| O. Name and stree Name: Office Address: | Corporation Service Company 1201 Hays Street Tallahassee , Florida (City) | a 32301 (Zip code) | place |
| Name and stree Name: Office Address: 10. Registered ag Having been nam designated in this | Corporation Service Company 1201 Hays Street Tallahassee (City) tent's acceptance: ed as registered agent and to accept service of process application, I hereby accept the appointment as registered. | a 32301 (Zip code) for the above stated corporation at the pered agent and agree to act in this capac | city. I |
| Name and stree Name: Office Address: 10. Registered ag Having been nam designated in this further agree to co | Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: ed as registered agent and to accept service of process application, I hereby accept the appointment as registered to the provisions of all statutes relative to the | a 32301 (Zip code) for the above stated corporation at the pered agent and agree to act in this capac proper and complete performance of my | city. I |
| Name and stree Name: Office Address: Office Address: Office Address: Office Address: Office Address: | Corporation Service Company 1201 Hays Street Tallahassee , Florida (City) tent's acceptance: ed as registered agent and to accept service of process application, I hereby accept the appointment as registered with and accept the obligations of my position as registered with and accept the obligations of my position as registered. | a 32301 (Zip code) for the above stated corporation at the pered agent and agree to act in this capac proper and complete performance of my | city. I |
| Name and stree Name: Office Address: Office Address: Office Address: Office Address: Office Address: | Corporation Service Company 1201 Hays Street Tallahassee (City) gent's acceptance: ed as registered agent and to accept service of process application, I hereby accept the appointment as registered to the provisions of all statutes relative to the | a 32301 (Zip code) for the above stated corporation at the pered agent and agree to act in this capac proper and complete performance of my stered agent. | city. I |
| Name and stree Name: Office Address: Office Address: Office Address: Office Address: Office Address: | Corporation Service Company 1201 Hays Street Tallahassee (City) tent's acceptance: ed as registered agent and to accept service of process application, I hereby accept the appointment as registered with and accept the obligations of my position as registered corporation Service Company | a 32301 (Zip code) for the above stated corporation at the pered agent and agree to act in this capac proper and complete performance of my | city. I v duties, |
| Name and stree Name: Office Address: Office Address: Office Address: Office Address: Having been nam designated in this further agree to cound I am familiar | Corporation Service Company 1201 Hays Street Tallahassee , Florida (City) tent's acceptance: ed as registered agent and to accept service of process application, I hereby accept the appointment as registered with and accept the obligations of my position as registered with and accept the obligations of my position as registered. | a 32301 (Zip code) for the above stated corporation at the pered agent and agree to act in this capacity proper and complete performance of my stered agent. Harry B. Devis | city. I v duties, |

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. DIR | ECTORS | |
|------------|---|---------------------------------------|
| Chairmaı | n: Tim Lynch | |
| | 27600 Northwestern Hwy, Suite 220 | |
| | Southfield, MI 48034 | |
| Vice Cha | irman: | 2011 |
| | | HAR HAR |
| ridaress. | | 5 |
| Director: | Leslie-Ann Reed | P |
| Address: | 1-6 Lombard Street | t :t |
| | London EC3V 9JU United Kingdom | |
| Director: | | |
| | | |
| | | |
| B. OFF | TICERS | |
| President | Tim Lynch | · · · · · · · · · · · · · · · · · · · |
| Address: | 27600 Northwestern Hwy, Suite 220 | |
| | Southfield, MI 48034 | |
| Vice Pres | sident: David Fox | |
| Address: | 11425 Cronhill Drive, Suite A, Owings Mills, MD 21117 | |
| | Owings Mills, MD 21117 | |
| Secretary | James Sklar | |
| | 27600 Northwestern Hwy, Suite 220, Southfield, MI 48034 | |
| | Leslie-Ann Reed | |
| | 1-6 Lombard Street, London EC3V 9JU United Kingdom | |
| NOTE: | If necessary, you may attach an addendum to the application listing additional officers and/or directors. | |
| are true a | Signature of Director or Officer per or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutive felony as provided for in s.817.155, F.S. | |

14. James Sklar

Secretary

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 GOINDUSTRY DOVEBID, INC., INCORPORATED SEPTEMBER 11, 1973, 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 MARCH 02, 2011.

Paul B. Anderson Charter Division ALLANDSET, LORD



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 TT/Voice Fax (410) 333-7097