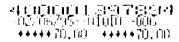
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TO: QUALIFICATION/TAX LIEN SECTION DIMSION OF CORPORATIONS

SUBJECT: \_\_\_\_

SET-UN SERVICES, INC.



	(Name of corporation - must include	Suffix)	
Dear Sir or Madan	ո։		
Florida", "Certific	oplication by Foreign Corporation ate of Existence", and check are a to transact business in Florida.		
Please return all co	prrespondence concerning this matt	er to the following:	
	NATALIE HOFFMAN (Name of Person)  SET-UP SERVICES, INC. (Firm/Company)  15300 Pearl Road - Suite 210 (Address)  Strongsville, OH 44136 (City, State and Zip Code)	95 FZB - S FM12: 19	FILED SECRETARY OF STATE CHARLES CONTRALICUS C
Should you need to Natalie H (Name of		ter, please call:  572 _ 4100  aytime Telephone Number	L

#### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

### M/JLING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## 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:

0110			3	3	4-1440027 number, if appli				
OHIO ate or country under the l	aw of which it is inc	orporated	) _	(FE)	number, if appl	cable)	1		
7/3/81 (Date of Incorporation	5	·	Per	petua	1				
February 1995						o exist	or parp	otuai" ខា	) ! ;
ate first transacted busine	ss in Florida. (See e	ections 607.1	501, 607	,1502, a	nd 817.155, F.S.)			gj	
15300 Pearl Ros	d - #210	<del></del> .						i	
Strongsville, C	н 44136							77	•
· · · · · · · · · · · · · · · · · · ·	(Current mailing ac	idress)						- 1.5	
Display set up								$\overline{\omega}$	
(Purpose(s) of corporation  Name and street ad									
Name:	ROBERT	LINDEN			<del></del>				
Office Address:	21420 S. Mil	itary T	rail						
	Boca Raton				, Florida	3	3 4 8	6	
							(Zip Cod	le)	
Registered agent's									

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Depa tment 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 addresses of officers and/or directors:

Robert Linden, President

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

A.	DIRECTORS			
	Chairman:	Robert Linden		
	Address: _	(BELOW)		
	Vice Chairma	an:		
	Address:			
	Director:			
	Address:			
	Director:		· · · · · · · · · · · · · · · · · · ·	
	Address:		25 E 25 C C C C C C C C C C C C C C C C C C	ļ.
B. OFFI	OFFICERS			FILED
	President:	Robert Linden	PH C:	1
		7350 Martingale		1
	•	Chester and, OH		
	Vice Preside	nt:	<del>-</del>	
	Address:			
		Robert Ranallo		
	Address: _	1801 East Ninth Street		
	_	Cleveland, OH		
	Treasurer: .	Margaret Grossberg		
	Address: _	3301 Detroit		
	· ••	Cleveland, OH		
and/d	or directors.	ay attach an addendum to the application list		ers
()	Signature of Chairman, Vice C	hairman, or any officer listed in number 12 of the appli	Canoui	

## UNITED STATES OF AMERICA, STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE.

I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and Miscellaneous filings, that said records show SET-UP SERVICES, INC., an Ohio corporation, Charter No. 637280, having its principal location in Cleveland, County of Cuyahoga, was incorporated on July 5, 1984 and is currently in GOOD STANDING upon the records of this office.

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WITNESS my hand and official seal at Columbus, Ohio this 23rd day of January, 1995

> Bob Taft Secretary of State