## F9500000137/

San the resident

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

SUBJECT:	Da. 10	5	Kermann.	/~ .	
	(Name of corpora	ition - mu	st include suffix)		
Doar Sir or Madam:				W95	-5490
The enclosed "Appropriate of the enclosed of the en	olication by Forel te of Existence",	gn Corp and che	oration for Authoreck are submitted	rization to T to register t	ransact Business in he above referenced

foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DAVID 5 HOWARD	
(Name of Person)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
DAVID S. HOWALD INC	
(Firm/Company)	
LINOS ALTONA DRIVE	- 7人2 景
(Address)	
13000 Roper Fr 33428	一名当
(City, State and Zip Code)	7 - 59

Should you need to call someone concerning this matter, please call:

(Name of Person) at (407) EFE - 1009.

Area Code & Daytime Telephone Number

COURIER ADDRESS:

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

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



## FLORIDA DEPARTMENT OF STATE Sandra B. Morthum Secretary of State

March 17, 1995

DAVID S. HOWARD DAVID S. HOWARD, INC. 22007 ALTONA DRIVE BOCA RATON, FL 33428

SUBJECT: DAVID S. HOWARD, INC.

Ref. Number: W95000005990

We have received your document for DAVID S. HOWARD, 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):

The date first transacted business in Florida within the meaning of s. 607.1501, F.S., must be set forth in section 6 of the application. If the corporation has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office is required to collect the minimum civil penalty of \$500 for each year other than the application filing year, that a foreign corporation transacts business in this state without authority along with the past annual report fees due this office.)

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 (904) 487-6958.

Letter Number: 095A00012015

Lee Rivers Document Examiner

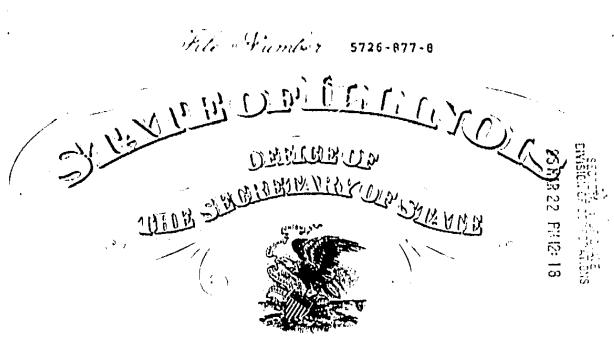
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWIN SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINES	G IS S IN	THE
STATE OF FLORIDA:		<u></u>
		-
Danier S. Janes Care	~: <b>5</b>	F .
1. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" abbreviations of like import in language as will clearly indicate that it is a corporation instead of a represent.)	or wor	da or person
2. (State or country under the law of which it is incorporated)  3. (FE) number, if applicable)	155	- 1
(State or country under the law of which it is incorporated) (FE) number, if applicable)	ထ	<del></del>
4. 4 / 3 / 2 5. (Date of Incorporation) 5. (Duration: Year corp. will coase to exist or "per form of the first transacted business in Florida, (See sections 607.1501, 607.1502, and 817.155, F.S.)		
(Date of Incorporation) (Duration: Year corp. will cease to exist or "pe	rpotu	917
6 3/(2c) -		
(Date first transacted business in Florida, (See sections 607.1501, 607.1502, and 817.155, F.S.)		
7 22007 Acres Daves		
7. 22007 Action Production 19418  (Current mailing address)  THE TRANSPORT OF SAY CONTRACTOR STATES		
13000 100000 10 11418		
(Current mailing address)	7.	. 60.
a College of Down Man Sie Language Con Contract The	, ,	
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of F	lorida	· · · · · · · · · · · · · · · · · · ·
9. Name and street address of Florida registered agent:		
Name:		
Office Address:		
Social Caron Florida 314	ې ۱	
(Zip C	ode)	<del></del>
	,	
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the acceptance at the place designated in this application, I hereby accept the application at the place designated in this capacity. I further agree to comply with the of all statutes relative to the proper and complete performance of my duties, and I with and accept the obligations of my position as registered agent.	intm nro	ent as
(Registered agent's signature)		
11. Attached is a certificate of existence duly authenticated, not more than 90 dadelivery of this application to the Department of State, by the Secretary of State or o having custody of corporate records in the jurisdiction under the law of which it is in	thori	official

A.	DIRECTORS	
	Chairman: _	
	Address: _	3 4 4 4 9 6 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	_	the state of the s
	Vice Chairm	an:
	Address:	
		Tille & Grand
		read the the
		Soen Crown to ending
	•	
	_	180, 160, F. 314.18
	Secretary:/_	
	Address: _	Buch Error Parise
		Buch Eman To Didie
	Treasurer:	
	Address: _	
OTE:	— If necessary, you ma directors.	y attach an addendum to the application listing additional office

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

14.



## To all to whom these Presents Shall Come, Greeting:

J. George M. Ryan. Secretary of State of the State of Silinois.

do hereky certify that DAVID S. HOWARD, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE APRIL 13, 1993, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF



In Costimony Mherent, I hereto set my hand and cause to be affixed the Great Seal of the State of Allinois this day of