# F9500004598

TO: Qualification/Tax Lien Section **Division of Corporations** esolutions Inc. Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: 200001558872 -08/11/95--01074--008 \*\*\*\*131.25 \*\*\*\*131.25 Should you need to call someone concerning this matter, please call: (Area Code & Daytime Telephone Number) **COURIER ADDRESS: MAILING ADDRESS:** 

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399 Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



#### FLORIDA DEPARTMENT OF STATE Sendra B. Mortham Secretary of State

August 14, 1995

CINDY ELDRIDGE %COMPUTER SYSTEM RESOLUTIONS 6900-29 DANIELS PKWY #227 FORT MYERS, FL 33912

SUBJECT: COMPUTER SYSTEM RESOLUTIONS INC

Ref. Number: W95000016257

We have received your document for COMPUTER SYSTEM RESOLUTIONS INC and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6097.

Michael Mays Document Specialist SECRETARY OF STATEMS

Letter Number: 495A00037869

MARSHALL SALZMAN 23423-A S.W. 55th AVE. BOCA RATON, FL 33433

MICHAEL MAYS
DOCUMENT SPECIALIST
DIVISION OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE,FL 32314

RE: DOC.# F95000004412

DEAR MR. MAYS:

PURSUANT TO YOUR LETTER DATED SEPT.12,1995, PLEASE CHANGE LILLIAN CORPORATIONS ADDRESS AS FOLLOWS:

LILLIAN CORPORATION 23423-A S.W. 55th AVE. BOCA RATON, FL 33433

SINCER

LILLIAN CORPORATION MARSHALL SALZMAN

LILCORP

# 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: (Name of corporation: must include the word "INCORPORATED", "COMPAN" "," "CORPORATION" of abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural "CORPORATION" or words or person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of Incorporation) business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) 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.

Florida

(Registered agent's signature)

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 addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Address: \_\_\_ Vice Chairman:\_\_\_\_\_ Address: Director: \_\_\_\_\_\_ Address: \_\_\_\_ Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Vice President: \_ Address: Secretary: Address: Treasurer: Address: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. Chairman, or any officer listed in number 12 of the application) 14 Presi (Typed or printed name and capacity of person signing application

## \*\* Secretary of State Business Information and Services Suite 315, West Tower 2 Martin Luther King Ir. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER : 9525407CO
CONTROL NUMBER : 8720480
DATE INC/AUTH/FILED: 09/03/1987
JURISDICTION : GEORGIA
PRINT DATE : 09/11/1995

FORM NUMBER : 211

COMPUTER SYSTEM RESOLUTIONS INC. ATTN CINDY ELDRIDGE 6900-29 DANIELS PKWY. STE. 227 FORT MYERS FL 33913 SECRETARY OF SIAILORS
DIVISION CONTROL SIAILORS
95 SEP 21 PM 2: 00

### CERTIFICATE OF EXISTENCE

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## COMPUTER SYSTEM RESOLUTIONS CORP. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

MAX CLELAND

SECRETARY OF STATE

