# F95000005568

TO Qualification/Tax Lien Section Division of Corporations SUBJECT: FRIT GUEST FECHNOLOGIES, INC.

(Name of corporation - must include suffix) Dear Sir or Madam: 75 2000 1 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: RON MCKAY
(Name of Person) ERTIQUEST TECHNOLOGIES, INC.
(Firm/Company) P.O. Box 675'374
(Address) (RLANDU, FL 32567 (City/State/Zip) Should you need to call someone concerning this matter, please call:

(Name of Person) at (467 ) \$56 /049

(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 Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



October 17, 1995

RON MCKAY VERTIQUEST TECHNOLOGIES, INC. PO BOX 678374 ORLANDO, FL 32867

SUBJECT: VERTIQUEST TECHNOLOGIES, INC. Ref. Number: W95000020657

We have received your document for VERTIQUEST TECHNOLOGIES, INC. and your check(s) totaling \$78.75. 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 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) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 295A00046775

### 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:

1 VERTIGUEST /ECHAULOGIE  (Normal of comparation) must include the word #INCOMPONENTIAL CONTROL OF THE CONTROL	S. TAC	
(Name of corporation: must include the word *INCORPOI abbreviations of like import in language as will clearly indeperson or partnership if not so contained in the name at pre-	sen )	
2. DELAWARE (State or country under the law of which it is incorporated)	3. <u>59-3297143</u>	
2. DELAWARE  (State or country under the law of which it is incorporated)  4. FEBRUARY 28 <sup>±#</sup> 1995  (Date of Incorporation)  6. 9/95	5. (Duration: Year corp. will cease to exist or "perpetual")	
6. 9/95 (Date first transacted business in Florida. (SEE SECTION	s 607.1501, 607 1502, AND 817.153, F.S.)	
7. P.C. BOX 678374		
ORLANDO FL 32867		
(Current mailing address)		
8. Co.; Sc. Hing Ser. VCCS  (Purpose(s) of corporation authorized in home state or country florida)		
· · · · · · · · · · · · · · · · · · ·		
<ol> <li>Name and street address of Florida registered acceptable)</li> </ol>	agent: (P.O. Box or Mail Drop Box NOT	
Name: RON MCKAY	<del></del>	
Office Address: 9552 LAKE DOUGIAS	<del></del>	
C.2LANDO	$\frac{328/7}{}$	
10. Registered agent's acceptance:	(Zip Code)	
Having been named as registered agent and to accept corporation at the place designated in this application registered agent and agree to act in this capacity. If all statutes relative to the proper and complete performed and accept the obligations of my position as registered.	nt service of process for the above stated on, I hereby accept the appointment as further agree to comply with the provisions of rmance of my duties, and I am familiar with ed agent.	
The state of		

(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)	
Chairman R-VHIS II A)CK44	
Address 9552 LAKE DUCKIAS PLACE CREAKA FL 32517	
Vice Chairman ALVIN J. KREITMAN	
Address 1920 WINDSOR OAK DEEVE, APOPKA, FL 32703	
Director: JEFF THOMAS	_
Address: 720 LONDON ROAD, WINTER PARK, FLORING 3279	2
Director:	
Address:	
	_
B. OFFICERS (Street address only- P. O. Box NOT acceptable)	
President: RONAID W. MULLAY	_
Address: 9552 LAKE DOUGLAS PLACE	
CIRLANDO FL 32817	_
Vice President: HLVEN J. KREETMAN	
Address: 1920 WINDSOR DAK DRIVE	
APOPKA, FLORIDA 32703	_
Secretary: Jeffery THOMAS	_
Address: 720 LONDON ROAD	
WINTER PARK, ELINIDA 32792	_
Treasurer:	_
Address:	-
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	_
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	_
14. Roualto W. McKay   DREST DENT  (Typed or printed name and capacity of person signing application)	_

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## State of Delaware Office of the Secretary of State

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I dward J. Freel, Secretary of State

AUTHENTICATION

DATE

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