F950000000017

TO: Qualification/Tax Lien Section Division of Corporations	000001583120 -09/12/9501113004 *****78.75 *****78.75		
SUBJECT: BROWN CONSULTING (Name of corporation - must include suffix)	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:	W95-18391		
SARAH W. BROWN (Name of Person)			
BROWN CONSULTING (Firm/Company)	INC.		
19670 BEACH ROSL, 1	LNIT 321		
Jupiter Island, FL	33469		
Should you need to call someone concerning this matter, please call:			
SARAH W BROWN at (407) (Name of Person) (Area Code & Day)	7466226 ime 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 DIVISION OF CORPORATIONS

3 95 DEC 11 ANII: 21

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. ISO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	0	
1.	BROWN CONS	KLTING INC.
	abbreviations of like import in language as will clearly in person or parinership it not so contained in the name at n	ORATED", "COMPANY", "CORPORATION" or words or dicate that it is a corporation instead of a natural present.)
	/ 1	
2. (S	State or country under the law of which it is incorporated)	3. <u>65 - 0601559</u> (PEl number, il applicable)
	5/33/6	
4.	(Date of Incorporation)	5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6.	(Date first transacted business in Florida. (SEE SECTIO	ication
-4.		
7 . ,	BROWN CONS	ULTING, INC.
	19670 BEACH Road	UNIT321, JUPITER ISLANO FL, 33469
	(Current mai	ling address) $FL 33469$
8	CONSULTING Purpose(s) of corporation authorized in home state or cour londa)	, -, -, -,
(I	Purpose(s) of corporation authorized in home state or cour londs)	stry to be carried out in the state of
y. I	Name and street address of Florida registere	d agent: (P.O. Box or Mail Drop Box NOT
9. 1		d agent: (P.O. Box or Mail Drop Box NOT
9. 1	Name: SARAH W. B	ROWN
	Name: SARAH W. B	ROWN
	Name: SARAH W. B	ROWN
Offi	Name: SARAH W. B	ROWN
Offi	Name: SARAH W. B ce Address: 19670 BEACH Tupiter Islam Registered agent's acceptance:	ROWN ROWN
Offi	Name: SARAH W. B ce Address: 19670 BEACH Tupiter Islam Registered agent's acceptance:	ROWN ROWN
Office 10. Have corp regisall si	Name: SARAH A. B. ce Address: 19670 BEACH Tupiter Islam Registered agent's acceptance: ing been named as registered agent and to acceptance agent and agree to act in this capacity, talutes relative to the proper and complete per	ROWN ROWN Road, Un T321 Property of process for the above stated from the appointment assertion, I hereby accept the appointment assertions of former agree to comply with the provisions of
Office 10. Have corp regisall si	Name: SARAH BEACH Ce Address: 19670 BEACH TUPITER ISLAM Registered agent's acceptance: ing been named as registered agent and to acceptance at the place designated in this applicate stered agent and agree to act in this capacity, tatutes relative to the proper and complete per accept the obligations of my position as registered.	ROWN ROWN Road, Un T321 Property of process for the above stated from the appointment assertion, I hereby accept the appointment assertions of former agree to comply with the provisions of

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: SARAH W. BROWN
Address: 19670 BEACH ROAD JUDITED ISLAND FL33469
Vice Chairman:
Address:
Director:
Address: CF SER
Director:
Address:
B. OFFICERS (Street address only- P. O. Box NOT acceptable)
President: <u>CLAUDE P BROWN</u>
Address: 19670 BEACH ROAD JUDITER ISLAND, FL 33469
Vice President:
Address:
Secretary: SARAH W BROWN
Address: 19670 BEACH ROAD
JUDITER ISLAND FL 33469
Treasurer: CLAUDE P BROWN
Address: 19670 BEACH ROAD Jupiter TSLAND FL 33469
officers and/or directors.
13. Sarah W Brown (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. SARAH W. BROWN CHAIRMAN (Typed or printed name and capacity of person signing application)

Decretary of State
Business Information and Services
Suite 315, West Cower
2 Martin Tuther King Ir. Ar.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 952990295
CONTROL NUMBER : 9524636
DATE INC/AUTH/FILED: 08/18/1995
JURISDICTION : GEORGIA
PRINT DATE : 10/26/1995
FORM NUMBER : 211

CASHIN MORTON & MULLINS/MELISSA WITHERS TWO MIDTOWN PLAZA, STE. 1900 1360 PEACHTREE ST., N.E. ATLANTA GA 30309

CERTIFICATE OF EXISTENCE

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

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 followed and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Max clotal

MAX CLELAND SECRETARY OF STATE



CORPORATIONS 656-2817

CORPORATIONS HOT LINE 404-656-2222 Outside Metro-Atlanta