

**F 9600000905**

of No 58045

Capital Connection, Inc.  
 417 E. Virginia St., Suite 103, Tallahassee, FL 32301-2460  
 Mailing Address: P.O. Box 103, Tallahassee, FL 32302  
 TEL: (904) 801-4206  
 FAX: (904) 801-2222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
<input checked="" type="checkbox"/> ( ) Cert. Copy(s) <b>photo</b>		
Art. of Amend. File		
Dissolution/Withdrawal		
<input checked="" type="checkbox"/> CUS- <b>6.5</b>		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prep.		
FAX ( )		
pgs.		

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 -02/22/96--01060--018  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

**LA 2/22**

96 FEB 22 PM 1:09  
 DIVISION OF CORPORATIONS  
 FILED  
 SECRETARY OF STATE

**SUBTOTALS** \_\_\_\_\_

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <b>na</b>	_____	_____	_____

WALK-IN **2/22 12:00**  
 Will Pick Up

Please remit invoice number with payment  
**TERMS: NET 10 DAYS FROM INVOICE DATE**  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

**THANK YOU**  
 from  
 Your Capital Connection

## TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Comprehensive Business Services, Inc.  
(Name of corporation - must include suffix)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 FEB 22 PM 09

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:

Michael A. Voigt  
(Name of Person)

Comprehensive Business Services  
(Firm/Company)

1290 S.W. Cypress Way, Camino Gardens  
(Address)

Boca Raton FL 33486  
(City/State/Zip)

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

Michael A. Voigt at (407) 391-5112  
(Name of Person) (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

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. Comprehensive Business Services, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or word  
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural  
person or partnership if not so contained in the name at present.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. 51-0347069  
(FBI number, if applicable)
4. 10-26-93  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. 2-21-96  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 1901 milltown Road  
Wilmington, DE 19808  
(Current mailing address)

8. Consulting and General Business  
(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)

Name: Michael A. Voigt

Office Address: 1290 S.W. Cypress way, Camino Gardens  
Boca Raton, Florida, 33486  
(Zip Code)

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.

[Signature]  
(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: Michael A. Voigt  
Address: 1290 S.W. Cypress Way Boca Raton FL 33486  
Vice Chairman: Michael A. Voigt  
Address: 1290 S.W. Cypress Way, Camino Gardens  
Boca Raton FL 33486  
Director: Michael A. Voigt  
Address: 1290 S.W. Cypress Way, Camino Gardens  
Boca Raton FL 33486  
Director: Michael A. Voigt  
Address: 1290 S.W. Cypress Way, Camino Gardens  
Boca Raton FL 33486

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Michael A. Voigt  
Address: 1290 S.W. Cypress Way, Camino Gardens  
Boca Raton FL 33486  
Vice President: Michael A. Voigt  
Address: 1290 S.W. Cypress Way, Camino Gardens  
Boca Raton FL 33486  
Secretary: Michael A. Voigt  
Address: 1290 S.W. Cypress Way, Camino Gardens  
Boca Raton FL 33486  
Treasurer: Michael A. Voigt  
Address: 1290 S.W. Cypress Way, Camino Gardens  
Boca Raton FL 33486

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.

Michael A. Voigt, Chairman

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

State of Delaware  
Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPREHENSIVE BUSINESS SERVICE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF DECEMBER, A.D. 1995.

FILED  
DIVISION OF STATE  
CORPORATIONS  
96 FEB 22 PM 1:09



  
Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 7732450

12-04-95

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