## 6000004444

Qualification/l'ax Lien Section **Division of Corporations** SUBJECT: Financial Application Technologies for Enterprises Inc.
(Name of corporation - must include suffix) (FATE) 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: G. LEE HOLDAWAY

(Name of Person)

Financial Application Technologies for Enterprises, Inc.

(Firm/Company) 9309 Pebble Creek Drive Tampa, FL 33647
(City/State/Zip)

d to call someone concerning this matter, please call: Should you need to call someone concerning this matter, please call: G. Lee Holdaway at (8/3) 973-7062

(Name of Person) (Area Code & Day ime Telephone Number)

## COURIER ADDRESS:

TO:

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



August 20, 1996

G. LEE HOLDAWAY FINANCIAL APPLICATION TECHNOLOGIES FOR E 9309 PEBBLE CREEK DR. TAMPA, FL 33647

SUBJECT: FINANCIAL APPLICATION TECHNOLOGIES FOR ENTERPRISES,

INC. (FATE)

Ref. Number: W96000017372

We have received your document for FINANCIAL APPLICATION TECHNOLOGIES FOR ENTERPRISES, INC. (FATE), however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 487-6095.

Letter Number: 196A00039457

Jennifer Sindt Document Examiner

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

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incorporated.

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. Financial Application Technologies for Enterprises, Inc. (FATE (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or 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 3. 59-3384761 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/24/96 5. Perpetual (Date of Incorporation) 5. Duration: Year corp. will cease to exist or "perpetual")
6. upon acceptance/qualification (Date this transacted business in Florida, (See sections 607.1501, 607.1502, AND 817.155, F.S.) 25 27 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 28 28 28 28 28 28 28 28 28 28 28 28
Tampa, FL 33647  (Current mailing address)
8. Computer Software Consulting Services  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
<ol> <li>Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)</li> </ol>
Name: Sherry W. Holdaway Office Address: 9309 Pebble Creek Dr.
10. Registered agent's acceptance:  , Florida, 33647 (Zip Code)
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.
· Sherry Woldawa 8/9/76 (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

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street ad Jress only- P. O . Box NOT acceptable) Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) 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. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. <u>6. LEE HOLD AWAY PRESIDENT</u>
(Typed or printed name and capacity of person signing application)

1. EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY \*FINANCIAL APPLICATION TECHNOLOGIES FOR ENTERPRISES. INC. (FATE). 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 FIFTEENTH DAY OF AUGUST, A.D. 1996.



Edward J. Freel, Secretary of State

2626605 8300

**AUTHENTICATION:** 

8069382

960238728

DATE:

08-15-96