# FO: Qualification/Tax Lien Section

SUBJECT: TRANSPORTATION MANAGEMENT COMPANY (Name of corporation - must include suffix) W96-2043 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: JOEL RICHMAN (Name of Person) ... TRANSPORTATION MANAGEMENT COMPANY (Firm/Company) P O BOX 29086 (Address) (City/State/Zip) Should you need to call someone concerning this matter, please call: JOEL RICHMAN 246-2800 x 328 (Name of Person) (Area Code & Daytime Telephone Number)

### **COURIER ADDRESS:**

**Division of Corporations** 

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



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

September 26, 1996

JOEL RICHMAN TRANSPORTATION MANAGEMENT COMPANY PO BOX 29086 GLENDALE, CA 91209

SUBJECT: TRANSPORTATION MANAGEMENT COMPANY Ref. Number: W96000020437

We have received your document for TRANSPORTATION MANAGEMENT COMPANY and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 996A00044404

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

the understand	LAWRENCE J. KALTOR			do hereby certify 🣑
, the undersigned	7)	ame)		
hat this Recolution o	f the Board of Directors of	TRANSPORTATION 4	MANAGEMENT	COMPANY
Hat this Nozolation				
	(Corr	orate Name)		
	ganized and existing under	the laws of the State O	f CALIFORN	IA
a corporation duly or	gamized and existing under	the tity 2 of the others o		
was duly adopted on	OCTOBER_11			, 19 <u>96</u> .
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
Be it resolved, that _	TRANSPORTATION MAN	(Corporate Name)		•
	ng in the State ofCALIF	ORNIA	, hereby	
TRANSPORTATION	INSURANCE MANAGEMENT	COMPANY	1	or use in Florida.
Dated:10/1	11/96			
				TALL SEC
	Signature of either Chairn	lan, Vice Chairman or any	officer	ARE TA
				96 OCT   4 PM 2: 4: SECRETARY OF STAT ALLAHASSEE, FLORI
-	LAWRENCE J. KALIOR			Fo N
•	Турс	or print name		

## 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:

CALIFORNIA State or country under	r the law of which it is incor	porated)	95-3998494 (PBI number, I	f applicable)	• <del>••••</del>
OCTOBER 19			perpetual		•
(Date of Incom	poration)	7	Duration: Year corp. "perpetual")	will cease to ex	lst or
	ed business in Florida. (SEE	SECTIONS 607.	1501, 607, 1502, AND	जिल्ला स्थान वस्तु स्थान	3
P O BOX 29086			1001, 0011102, ANI	SA C	1.
GLENDALE, CA 9	1209			E FLO	
	(Currer	it mailing addre	ess) <u>(</u> //	<u> </u>	<del>-</del> -5-
MANAGEMENT COM	PANY				
	ation authorized in home su  ddress of Florida region  MIKE HOWERY				
Name: _		NDP AVE			
• .	Address 142 C CUAC	IFE AVE			
• .	Address: 142 S. SWOO		, Florida .	32751	4.1
• .	MAITLAND		, Florida ,	32751 (Zip Code)	<del></del> -

(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.

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	'425 W. BROADWAY, STE 400			
	GLENDALE, CA 91204		<del>.</del>	
ice Chairn	nan:			
rector:	RONALD A. GELLER	***************************************	1	
ddress: _	425 W. BROADWAY, STE400			
	GLENDALE, CA 91204			
rector: _				
		<del> </del>		
OFFICE	ERS (Street address only- P. O. Box NOT acc	eptable)		
esident:	LAWRENCE J. KALIOR			
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## SECRETARY OF STATE

# CERTIFICATE OF STATUS DOMESTIC CORPORATION

95 OCT 14 PH 2:49
EURITARY OF STAIL
LLAHASSEE.FLORDA

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I, BILL JONES, Secretary of State of the State of California, hereby certify:

TRANSPORTATION MANAGEMENT COMPANY

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

September 16, 1996

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Secretary of State