

F96000005385
TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Advanced Management Services, Inc.
(Name of corporation - must include suffix)

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:

800001364143
-10/03/96--01072--005
*****70.00 *****70.00

W96-20969

FARID NAVID
(Name of Person)

Advanced Management Services, Inc.
(Firm/Company)

P.O. BOX 8408
(Address)

Port St. Lucie FL 34985
(City/State/Zip)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

10/16

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

FARID NAVID at (516) 3989775
(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

Name conflict
F93-4189



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 3, 1998

FARID NAVID
ADVANCED MANAGEMENT SERVICES, INC.
P.O. BOX 8408
PORT ST. LUCIE, FL 34985

SUBJECT: ADVANCED MANAGEMENT SERVICES, INC.
Ref. Number: W96000020969

We have received your document for **ADVANCED MANAGEMENT SERVICES, INC.** 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) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 396A00045343

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned FARID NAVID (Name), do hereby certify

that this Resolution of the Board of Directors of Advanced Management Services, Inc. (Corporate Name)

a corporation duly organized and existing under the laws of the State of DELAWARE,

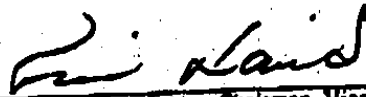
was duly adopted on 16 Oct, 1996.

Be it resolved, that Advanced Management Services, Inc. (Corporate Name)

organized and existing in the State of Delaware, hereby adopts the name

Advanced Management consultant, Inc. for use in Florida.

Dated: 16 Oct 96



Signature of either Chairman, Vice Chairman or any officer

FARID NAVID

Type or print name

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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. Advanced Management Services, Inc.
(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
(State or country under the law of which it is incorporated)
3. EIN # 65-0693469
(FEI number, if applicable)
4. 09-05-1996
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 09-09-1996
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. P.O. BOX 8408
Port St. Lucie, FL 34985
(Current mailing address)
8. MANAGEMENT SERVICES
(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 acceptable)
Name: FARID NAVID
Office Address: 102 SE Village Dr
Port St. Lucie, FL , Florida , 34952
(Zip Code)

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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.

Farid Navid
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: FARID NAVID

Address: 102 SE Village Dr.
Port St. Lucie, FL 34952

Director: BAHMAN PISHGOU

Address: 102 SE Village Dr.
Port St. Lucie, FL 34952

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

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature] x [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. FARID NAVID / BAHMAN PISHGOU
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANCED MANAGEMENT SERVICES, 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 NINTH DAY OF SEPTEMBER, A.D. 1996.



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Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

8095619

DATE:

09-09-96