To: Qualification/Tax Lien Section Division of Corporations	n.				
SUBJECT: KDSL Associates	s, Inc.	·			
(Na	ame of corporation - must include suffix)				
Dear Sir or Madam:	•				
The enclosed "Application by Foreign "Certificate of Existence", and check a transact business in Florida.	Corporation for Authorization to Transact Business are submitted to register the above referenced foreign	in Florida", n corporation to			
Please return all correspondence conce	erning this matter to the following:				
A. Gorman G	Griswold	86 3¥.s			
	(Name of Person)	SECRE SECRE			
KDSL Associ	lates, Inc.	PAR PAR 2			
	(Firm/Company)				
460 South E	460 South Park Road #209				
	(Address)	PHI2: 53			
Hollywood,	Florida 33021	-1.71/5			
	(City/State/Zip)	N97-28745			
Should you need to call someone conc	erning this matter, please call: 30002				
A. Gorman Griswold	at (_954) 987-2000 EX 5117				
(Name of Person)	(Area Code & Daytime Telephone Numb	ber)			

#### **COURIER ADDRESS:**

Qualification/Tax Lien Section 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

December 29, 1997

A. GORMAN GRISWOLD KDSL ASSOCIATES, INC. 460 SOUTH PARK RD. #209 HOLLYWOOD, FL 33021

SUBJECT: KDSL ASSOCIATES, INC. Ref. Number: W97000028745

We have received your document for KDSL ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

The registered agent must sign accepting the designation.

You have submitted a certified copy of the corporation's articles. What we require for our filing purposes is a certificate of existence or good standing.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (850) 487-6095.

Jennifer Sindt **Document Examiner** 

Letter Number: 097A00060640

## 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.		ssociates, Inc.							
word	s or abbrevi	ation; must include the ations of like import partnership if not so	in language as	will clearly	indicate that it	NY", "CORPorate is a corporate	ORATION" or ion instead of a		
2	Delawa:		<u> </u>	3	6:	5-07	87330		
(State	or country	under the law of which	ch it is incorpo	orated)		(FEI numbe	r, if applicable)		
4.	Octobe:	r 31, 1997		5	Perpetu				
<del></del>	(Date	of incorporation)		(Duration:	Year corp. w	rill cease to e	xist or "perpetu	al")	
6.	Novemb	er 1, 1997				· -	-	ور	<u>. 0</u>
Ÿ	(Date first	transacted business in	Florida.) (SE	E SECTION	S 607.1501, 60	07.1502 and	817.155, F.S.)	3,	SEC
7	460 So	ith Park Road	#209			•		=	
′ ·			2001					~	PATE PATE
-	HOLLY	ood, Florida 3	Current n	nailing addres	ss)		1	PM 12: 53	출승민
			<b>\</b>		,			ά	RAA
g Co	omputer	Systems Consult	ing - Sys	tems Anal	ysis and	Programmi	ng	င္သ	
o	(Purpose(s	) of corporation author	orized in hom	e state or cou	ntry to be carr	ied out in sta	te of Florida)	<b>*</b>	
9 Nam	e and stre	et address of Flori	da registere	d agent: (P	O. Box or M	ail Drop Bo	x NOT accept	able)	
	Name: _	A. Gorman Gri						•	
Office A	Address: _	460 South Par	k Road #	209	<u></u>		-		
		Hol1	Lywood		, Florida,	33021			
	-					(Zip code)			
	• . •								
10. <b>Re</b> ş	gistered ag	gent's acceptance:							
in this a	pplication, with the pro	l as registered agent I hereby accept the a visions of all statute gations of my position	ppointment a s relative to th	s registered a he proper and	gent and agre	e to act in th	is capacity. If	urther agr	ree to
		<i>U</i>	(Registere	d agent's sign	nature)	- <del>/</del> -			

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

of which it is incorporated.

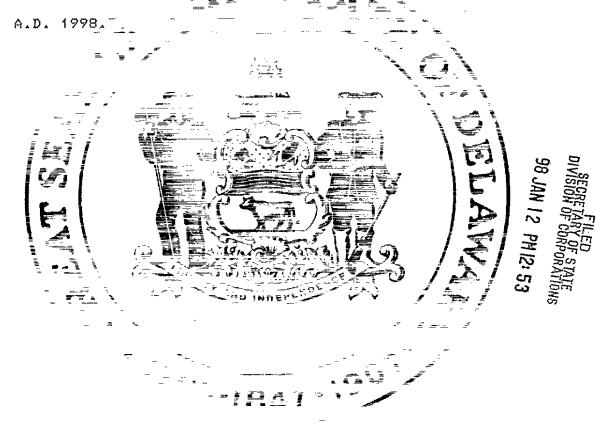
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law

A. DIRECTORS	(Street address only -1.0. Dox 1101 acceptanc)	
Chairman:	A. Gorman Griswold	·
Address:	460 South Park Road #209	
	Hollywood, Florida 33021	
Vice Chairman: _	Patricia Griswold	
	460 South Park Pood #200	
Address:		····
	Hollywood, Florida 33021	
Director:	- A. Gorman Griswold	
Address:	460 South Park Road #209	
	Hollywood, Florida 33021	JI 86
Director:	Patricia Griswold	SIGN OF SAN 12
Address:	460 South Park Road #209	C)-~-
	Hollywood, Florida 33021	PN 12:
B. OFFICERS	(Street address only - P.O. Box NOT acceptable)	53
President:	A. Gorman Griswold	<i>75</i>
Address:	460 South Park Road #209	
	Hollywood, Florida 33021	
Vice President:	Patricia Griswold	
Address:	460 South Park Road #209	
<del> </del>	Hollywood, Florida 33021	
Secretary:	Patricia Griswold	
Address:	460 South Park Road #209	
	Hollywood, Florida 33021	-
Treasurer:	A. Gorman Griswold	
Address:	460 South Park Road #209	
	Hollywood, Florida 33021	
NOTE: If necess	sary, you may attach an addendum to the application listing additional officers and/or directors.	
13	A Some Sind A	
	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14	A. Gorman Griswold, President	
	(Typed or printed name and capacity of person signing application)	

# State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KDSL ASSOCIATES, 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 SECOND DAY OF JANUARY,





Edward J. Freel, Secretary of State

AUTHENTICATION:

8845248

981000962

8300

2807356

DATE:

01-02-98