

F98000000665

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FAC000000015

REFERENCE:
(Sub Account) _____

DATE: 2/4/98

REQUESTOR NAME: FLORIDA FILING & SEARCH SERVICES 900002421289--7

ADDRESS: P.O. Box 10662
Tally FL 32303

TELEPHONE: (____) (668 - 4318) ext (____)

CONTACT NAME: PAUL Hodge

CORPORATION NAME: PARADIGM INTEGRATION CORPORATION *

DOCUMENT NUMBER:
(if applicable) _____

AUTHORIZATION: P.D. Hodge

- ☒ CERTIFIED COPY (1-9)
☐ CERTIFICATE OF STATUS (1-9)
☐ PLAIN STAMPED COPY

- | | | |
|---------------------|---------------------|----------------|
| () Call When Ready | () Call if Problem | () After 4:30 |
| (x) Walk In | () Will Wait | () Pick Up |
| () Mail Out | | |

RECEIVED
98 FEB -4 PM 1:07
DIVISION OF CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB -4 PM 2:33

mtu
2/4

* Application of foreign Corp
also need certified copies

**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. Paradigm Integration Corporation

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviates 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. 59-3260643

(FEI number, if applicable)

4. December 5, 1997

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 1998

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. 3104 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32080

(Current mailing address)

8. Any lawful act or activity

(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: Sherry A. Falls

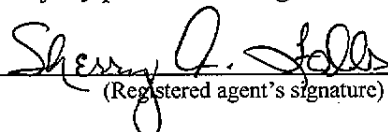
Office Address: 3104 Sawgrass Village Circle

Ponte Vedra Beach, Florida, 32082

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process of 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.


(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 incorporate.

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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: Jack L. Falls, Jr.

Address: 3104 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32080

Vice Chairman: NA

Address: NA

Director: NA

Address: NA

Director: NA

Address: NA

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

President: Jack L. Falls, Jr.

Address: 3104 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32080

Vice President: NA

Address: NA

Secretary: Sherry A. Falls

Address: 3104 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32080

Treasurer: Jack L. Falls, Jr.

Address: 3104 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32080

NOTE: If necessary, you may attached 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. Jack, L. Falls, Jr., Chairman of the Board and President
(Typed or printed name and capacity of person signing application)

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State of Delaware
Office of the Secretary of State


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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARADIGM INTEGRATION CORPORATION" 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 THIRD DAY OF FEBRUARY, A.D. 1998.

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Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

8899856

02-03-98