# F980000001944

To:

Qualification/Tax Lien Section Division of Corporations COMDEV INTERNATIONAL, INC. P.O. Box 516 Edgewater, FL 32141

SUBJECT:	77 202 [4]	
	corporation - must include suffix)	 71900 2
Dear Sir or Madam:	000024 -03/30/9 *****78	1801033005 1.75 *****78.75
	oration for Authorization to Transact Business in mitted to register the above referenced foreign co	orporation to
Please return all correspondence concerning t	this matter to the following:	298 - 6986
R.W. JONE	Name of Person)	198-6986 18-587
COMDEV 1	NTL, INC. (Firm/Company)	
702-I WE	ST PARK AVENUE P.O. (Address)	BOX 516
EDGEWAT	ER FL 32132 (City/State/Zip)	
Should you need to call someone concerning	this matter, please call:	DIVISED BY 16
(Name of Person) at	(Area Code & Daytime Telephone Number)	PH ORPE
COURIER ADDRESS:	MAILING ADDRESS:	STATE RATIONS 5: 4.0
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	



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

March 30, 1998

R. W. JONES COMDEV INTERNATIONAL INC. 702-I WEST PARK AVENUE PO BOX 516 EDGEWATER, FL 32132

SUBJECT: COMDEV INTERNATIONAL INC.

Ref. Number: W98000006986

We have received your document for COMDEV INTERNATIONAL INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1,150.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 098A00016816

### COMDEV INTERNATIONAL INC.

702-I West Park Ave. P.O. Box 516 Edgewater, FL 32132

Phone: 904-428-9200

e-mail: comdevin@n-jcenter.com

Fax: 904-428-6004

April 2, 1998

Florida Department of State Division of Corporations, P.O. Box 6327, Tallahassee,Fl 323154

Att: Mr. Lee Rivers Subject: COMDEV INTERNATIONAL, INC. Ref No. W98000006986

Dear Mr. Lee:

Thank you for your letter of March 30, 1998.

I wish to state that I made an error in my previous submittal for the registration of a foreign corporation to do business in the state of Florida. This was erroneous information and I was referring to our office occupancy. We have never commenced business in the state of Floride as yet under section 607.1501 and this is my sworn affadavit to this effect.

Yours very truly,

R.W. Jone's President

Florida Documentary Stamp Tex Required by Lear in the Amount of paid or will be paid directly to the Department of

Revenue Cereficate of Registration # 59 0878613

Print type or stamp (ame of Nothic) Personally Known 

OR produced I.D.

Type of I.D. and Number Produced:

19 OID take This sin, or

DID NOT take an oath.

MARGARET J ECHOLS NOTARY FUBLIC STATE OF FLORIDA COMMISSION NO. CC391745 MY COMMISSION EXP. JULY 31,1998

### 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. COMDEY INTERNATIONAL 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. 59-3387095
(FEI number, if applicable) 4. O2/02/1996 5. PERPETUAL (Date of incorporation) 5. Ouration: Year corp. will cease to exist or "perpetual") 6. <u>DECEMBER 1, 1997</u>
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. TOQ-I WEST PARK AVENUE, P.O.BOX 516 EDGEWATER FL 32132
(Current mailing address) INTERNATIONAL SALES & DISTRIBUTION

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 408 SCHOONER AVE, EDGEWATER, Florida, 32141
(Zip code) 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. (Registered agent's signature)

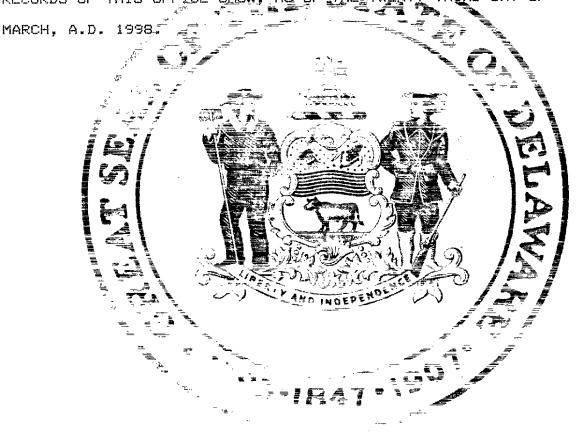
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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: R.W. JONES		
Address: 408 SCHOONER AVENUE		
EDGEWATER FL 32141		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:	98	DIV.
Address:	APR	SECOND SE
	5	HATI OBE
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	Ž	<u> </u>
President: RW. JONES	ដ លំ	STATE
Address: 408 SCHOONER AVE.	0	SK
EDGEWATER FL 32141		
Vice President:		
Address:		
	<del></del>	
Secretary: ANNA M. JONES		·····
Address: 408 SCHOOLIFO AVE		
ENCENDED DE BOUR		
Address: 408 SCHOONER AVE.		
EDGEWATER FL 32141	<del></del>	
NOTE: If necessary) you may attach 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. REGINALD WILLIAM JONES (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 "COMDEV INTERNATIONAL 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 TWENTY-THIRD DAY OF



DIVISION OF CORPORATIONS



Edward J. Freel, Secretary of State

AUTHENTICATION: 8986189

DATE: 03-23-98

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