F9800000000552E

To: Qualification/Tax Lien Section Division of Corporations		
SUBJECT: COMPLETE BUSINESS SYSTEM, (Name of corporati	INC . on - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.		
Please return all correspondence concerning this matter		2 4982001 3/3801085001 *78.75 *****78.75
CHRISTOPHER GORDON		
	of Person)	- W98-9156
,	•	
CBS, INC.		
(Firm/C	ompany)	
10022 N 2011 G		T.
10022 N 30th Street	dress)	_
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a. c.s.y	
TAMPA FLORIDA 33612	-	- 6 -
· , , , , , , , , , , , , , , , , , , ,	tate/Zip)	
Should you need to call someone concerning this matt	er, please call:	SECRETARY OF STATE ONS SHAY - 4 PM 3: 00
CHRISTOPHER GORDON at (813) 070 0660	ယ္ ္ဘိန္
) 979- 9668 a Code & Daytime Telephone Nun	STATE STATE
(Maile of Ferson)	a Code & Daytime Telephone Num	
		inte
COURIER ADDRESS:	MAILING ADDRESS:	
0.100 (1.00 1)		5/u
Qualification/Tax Lien Section	Qualification/Tax Lien Section	17
Division of Corporations 409 E. Gaines St.	Division of Corporations	
Tallahassee, FL 32399	P.O. Box 6327	
Talianasacc, FL 32377	Tallahassee, FL 32314	



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 23, 1998

CHRISTOPHER GORDON CBS, INC. 10022 N 30TH STREET TAMPA, FL 33612

SUBJECT: COMPLETE BUSINESS SYSTEM INC Ref. Number: W98000009156

We have received your document for COMPLETE BUSINESS SYSTEM 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:

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 (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 898A00022156



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

RESOLUTION OF BOARD OF DIRECTORS

L the undersigned Christopher D. Gordon ,	do hereby certify
that this Resolution of the Board of Directors of <u>Complete</u> Rusines	s System s, I nc.
a corporation duly organized and existing under the laws of the State of <u>U</u> was duly adopted on <u>May 01</u> , 1998.	SECRETAR VIRITAR 18 MAY - 4
Resolved, that Complete Business Systems. Inc. and existing in the State of USVI , hereby adopts to name	, organized STATE
Dated: 05/01/98 Signature of at least one director	<u>.</u>

INHS19(3/95)

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. COMPLET	ETE BUSINESS SYSTEM INCORPORATED" "COMPANY" "COPPORATION" OF	
(Name of cor	orporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or obreviations of like import in language as will clearly indicate that it is a corporation instead of a	
natural persor	son or partnership if not so contained in the name at present.)	
•		
9 tr cr vtnc-	GIN ISLAND 3.66-0516342	
(State or count	untry under the law of which it is incorporated) (FEI number, if applicable)	
. •		
4. <u>03/23/9</u>	/93 5 PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	al")
(L	(Date of Montpotation)	- /
6. MARCH	H 04, 98 first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
(Date II	first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 617.155, F.S.)	
7. 10022	N 30th Street	···
	. FLORIDA 33612	<u>=</u>
TAMPA	(Current mailing address)	
8 To Prov	vide Tax & Bookkcoping Services	
(Purpos	pose(s) of corporation authorized in home state or country to be carried out in state of Florida)	2 20
0. Nama and a	I street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	* / /N
y. Name and s	street address of Florida registered agent: (F.O. Box of Mail Diop Box NOT acceptable)	· 00
Name:	: CHRISTOPHER GORDON	O 📆
Office Address:	ss: 11419 WHISPERING HOLLOW DRIVE	
	Tampa , Florida 33635	
10. Registered	ed agent's acceptance:	
Having been na	named as registered agent and to accept service of process for the above stated corporation at the pl	ace designated
in this application	tion, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe	r agree to
	ne provisions of all statutes relative to the proper and complete performance of my duties, and I am tobligations of my position as registered agent	familiar with
ана иссері іне о	ovugunons of my position as registered agent	
	Mayh	
	(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. DIRE	CCTORS (Street address only - P.O. Box NOT acceptable)	
Chairman	CHRISTOPHER GORDON	
Address:	11419 Whispering Hollow Dr., TAMPA, F1 33635	,
Vice Cha	irman; N/A	
Address:		
Director:	JUDITH HENRY	
	1491 Kettle Creek	
	TAMPA F1 33635	
	JOY GORDON	
Address:	11419 Whispering Hollow Dr,	·····
R OFF	TAMPA F1 33635 ICERS (Street address only - P.O. Box NOT acceptable)	
	•	DIVI SES
	: CHRISOPHER GORDON	₹ 22
Address:	11419 Whispering Hollow Dr.	
	TAMPA F1 33635	<u> </u>
Vice Pres	ident:	<u>အုံး</u>
Address:	N/A	00 35
Secretary	: JOY GORDON	
Address:	11419 Whispering Hollow Dr,	
	TAMPA F1 33653	
Treasurer	: CHRISTOPHER GORDON	
Address:	11419 Whispering Hollow Dr.	
	TAMPA F1 33635	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or director)rs
	1111 Shun	
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	ı)
14. <u>C</u>	HRISTOPHER GORDON	
	(Typed or printed name and capacity of person signing application)	



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

-0-

OFFICE OF THE LIEUTENANT GOVERNOR

1131 King Stret, Suite 101
Ceristiansted

St. Croix, Virgin Islands 00820 Tel: (809) 773-6449 CORPORATE DIVISION

Kongens Gade No. 18
Charlotte Amalie
St. Thomas, Virgin Islands 00802
Tel: (809) 774-2991

APRIL 20, 1998

CERTIFICATION OF GOOD STANDING

This is to certify that the corporation known as COMPLETE BUSINESS SYSTEM, INC.

filed Articles of Incorporation in the Office of the Government Secretary on SEPTEMBER 23, 1993 that a Certificate of Incorporation was issued by the Government Secretary on APRIL 17, 1998 authorizing the said corporation to conduct business in the Virgin Islands and the corporation is considered to be ingo good standing.

RENEE T. RIVERA
JUNIOR CORPORATE EXAMINER
CORPORATION & TRADEMARKS