# F98000002705 TRANSMITTAL LETTER

To: Qualification/Tax Lien Section	•	
Division of Corporations		
SUBJECT: TCS CONSO	ILTANT SERVICE, INC.	
0000001.	n - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to r	Authorization to Transact Business in Florida", egister the above referenced foreign corporation to	
transact business in Florida.	· ·	
	100002505431772	
Please return all correspondence concerning this matter	to the following: $-04/28/38 - 010/1 - 002$	
Trouse rotain an correspondence to the same of the sam	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
JOSEPH N.	DECONOR	
(Name of	DECONDA  FPerson)	
TCS CONSUL	-TANT SERVICES, INC.	
(Firm/Co	mpany)	
154 SEAV		
(Add		
MELBOURNE	$\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$	
(City/Sta	ite/Zip)	
Should you need to call someone concerning this matter	r, please call:	
TO SODIL N. Deland 4	107 722 - 9033 11 Code & Daytime Telephone Number)	
(Name of Person) (Area	Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)		
	according.	
COUNTRY ADDRESS.	MAILING ADDRESS:	
COURIER ADDRESS:	MAILING ADDRESS:	
Qualification/Tax Lien Section	Qualification/Tax Lien Section	
Division of Corporations	Division of Corporations	
409 E. Gaines St.	DO D (207	
Tallahassee, FL 32399	Tallahassee, FL 32314	
I William Over, I I July		
	Tallahassee, FL 32314  Fluid Box 6327  Tallahassee, FL 32314  Fluid Box 6327  Tallahassee, FL 32314	



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

April 29, 1998

JOSEPH DECONDA TCS CONSULTANT SERVICES, INC. 154 SEAVIEW ST MELBOURNE BEACH, FL 32951

SUBJECT: TCS CONSULTANT SERVICES, INC.

Ref. Number: W98000009641

We have received your document for TCS CONSULTANT SERVICES, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the corporate name "TCS CONSULTANT SERVICES, INC." in section one of the application.

I am returning the copy of the certificate of incorporation as this office requires that a foreign corporation submit an original "certificate of existence" issued by the Delaware Secretary of State dated within the last 90 days. Please contact the Delaware Secretary of State at (302) 739-3073 to request such certificate.

Please set forth "Delaware" in section two.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A brief description of the entity's nature of business must be included in the document.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 487-6092.

Hart Collins Senior Corporate Section Administrator

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 898A00023377

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
1 TCS CONSULTANT 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.)	
Der AWARE 3. 593506/65	
2. (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 3/26/98 5. Per Per TUAL  (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. Voorqualification	
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7154 SEAVIEW ST	
MELBOURNE BEACH, FL 32951	
(Current mailing address)	
WER PLANTS CONSULTINGORANY LAWFUL ACTIVITY.	o
8. / JASEPH N. DR CONDA AM RESIDENT OF FLORIDA AND WILL PRACTICE  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) IN FLORID	A.
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	-
incapi Al Dodon	
9 2	
Office Address: 154 Seaview St.	-
Melbourne Beach, Florida, 3295/ (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. DIREC	TORS (Street address only - P.O. Box NOT acceptable)
Chairman:	10SEPA N, DECONOR
Address: _	TOSEPH N. DECONDA 154 SEAVIEW ST MELBOURNE BEACH, FL 32951
Vice Chair	nan: N/A
Address: _	
Director: _	N/A
Address: _	
Director:	N/A
Address: _	
	ERS (Street address only - P.O. Box NOT acceptable)
President:	SAME AS CHAIRMAN
Vice Presid	ent;
Secretary:	N/A
Address: _	
Treasurer:	NA
Address: _	- · · · · · · · · · · · · · · · · · · ·
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	Joseph N. DECON da
	(Typed or printed name and capacity of person signing application)

### State of Delaware

PAGE 1

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TCS CONSULTANT 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 SIXTH DAY OF MAY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE OF STATE OF CORPORATIONS

2876416 8300 981174285



Edwiff Du 05-06-98

Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

DATE: