-980000002928

TO: Qualification/Tax Lien Section Division of Corporations

SUBJECT:

Business Systems Concepts, Inc.

(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Felicity M. Smith (Name of Person) W98-11704						
Milam Otero Larsen Dawson & Traylor, P.A.						
(Firm/Company) 9000025314098 -05/2179801046002 ******70.00 ******70.00						
******70.00 ******70.00						
(Address)						
Jacksonville, Florida 32207						
(City/State/Zip)						
Should you need to call someone concerning this matter, please call:						
Felicity M. Smith at 904/398-5514, ext. 109						
(Name of Person) (Area Code & Daytime Telephone Number)						
COURIER ADDRESS: MAILING ADDRESS: ASS 198 V->/22						
Qualification/Tax Lien Qualification/Tax Lien						
Division of Corporations Division of Corporations						
409 East Gaines Street P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32314						



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 21, 1998

FELICITY M. SMITH
MILAM OTERO LARSEN DAWSON & TRAYLOR PA

SUBJECT: BUSINESS CONCEPTS USA, INC.

Ref. Number: W98000011704

We have received your document for BUSINESS CONCEPTS USA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 198A00028745

FILE No.020 05/22 '98 08:57 ID:MILAM OTERO

FAX:9043985515 (708)957-5084 PAGE 2

FILE No.007 05-21 '98 15:01 ID:MILAN DTERO

FAX:9043985515

PAGE 2

RESOLUTIONS

Business Concepts, Inc.

WHEREAS, Business Concepts, Inc., an Illinois corporation (the "Company"), finds it in the best interest of the Company to qualify to do business in Florida under the name Business Concepts USA, Inc.

NOW, THEREFORE, BE IT:

RESOLVED, that the Company hereby adopts the name Business Concepts USA, Inc. in order to conduct business in Florida.

Adopted May 21, 1998.

Kiffin E. Kilbert, Jr., as Director and President

98 MAY 22 PM 1:21
SECRETARY OF STATE
ALLAHASSEE FLORIDA

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.	Business Concepts , Inc					
	(Name of corporation: must include the word "INCORPO words or abbreviations of like import in language as will	clearly in	ndicate that it is a			
	natural person or partnership if not so contained in the na	me at pre	esent.)			
2	(State or country under the law of which it is incorporated	3	36-406	4113	TAS	6
	(State or country under the law of which it is incorporated	d)	(FEI number,	if applicable)	CAR	8 M.A
4.	January 30, 1996	5.	perpetual	-	ASA.	- C
	(Date of Incorporation)	(Durat	ion: Year corp. wi	Il cease to ex	ist or perp	etual)
					7.0 Z	in
6.	July 1, 1998 (Date first transacted business in Florida. (SEE SECTIO			ואפי	STA	
	(Date first transacted business in Florida. (SEE SECTIO	NS 607.1	501, 607.1502, A	ND 817.153	fis.)	
7.	1301 Riverplace Boulevard, Suite	e 1301				
	Jacksonville, Florida 32207				-	
	(Current mailing	g address	·)			
		-				
8.	computer consulting (Purpose(s) of corporation authorized in home state or co		he somied out in	the state of El	orida)	
	(Purpose(s) of corporation authorized in nome state of co	ounity to	be carrieg out in	nie state of th	Of Ida)	
	Name and street address of Florida registere acceptable)	d agent	: (P.O. Box or	Mail Drop	Box <u>N(</u>	<u>OT</u>
	Name: MOTOLAW, Inc.	• 			_	
	Office Address: 1301 Riv	verplac	ce Blvd., Ste	e 1301	<u> </u>	
	<u>Jacksonv</u>	ille	, Florid	a, <u>32207</u> (Zip Cod	<u></u> e)	
10). Registered agent's acceptance:					
pla cap	aving been named as registered agent and to accept servace designated in this application, I hereby accept the appacity. I further agree to comply with the provisions rformance of my duties, and I am familiar with and accept the formance of my duties, and I am familiar with and accept the formal content of	ppointme of all pt the ob	nt as registered a statutes relative a ligations of my po	gent and agr to the prope	ee to act i r and coi	in this mplete
	(Registered agent's sign	nature)				

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 addressed of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)						
Director: _	Kiffin E. Gilbert, Jr.					
Address: _	1301 Riverplace Blvd., Suite 1301, Jacksonville, Florida	32207				
Director: _	Jeanne Gilbert	.				
Address: _	1301 Riverplace Blvd., Suite 1301, Jacksonville, Florida					
Director: _		SECR	YWW86			
Address: _		HASS	~ ~ ~			
Director: _		- F. C.	P			
		STATE ORIDA	2			
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)					
President:	Kiffin E. Gilbert, Jr.					
Address: _	1301 Riverplace Blvd., Suite 1301, Jacksonville, Florida	32207				
Vice Presi	dent:		5			
Address: _						
Secretary:	Kiffin E. Gilbert, Jr.					
Address: _	same as above	-	<u>-</u>			
Treasurer:	Jeanne Gilbert					
Address: _	1301 Riverplace Blvd., Suite 1301, Jacksonville, Florida	32207	-			
NOTE: If and/or dire	necessary, you may attach and addendum to the application listing addectors.	ditional	officer			
13	and of the application)					
14	President and Director - Kiffin E. Gilbert, Jr. ed or printed name and capacity of person signing application)		*** -			

File Humber 5869-560-2



To all to whom these presents Shall Come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,



In Testimony U	Iherrof, I hereto set
	be affixed the Great Seal of
the State of Illinois this _	13TH
day of	A.D., 19_98

George H Ryan SECRETARY OF STATE