F-980000004438

Divisio	n of Corporations	
SUBJECT:	Resource Associates Corporation	
	(Name of corporation - must include suffix)	
Dear Sir or Mad	dam:	
	Application by Foreign Corporation for Authorization to Transact Busin Existence", and check are submitted to register the above referenced for its InFlorida.	
Please return all	correspondence concerning this matter to the following:	LAHLI TI
	Rachelle Smith	_ \frac{1}{25} \frac{1}{5} \frac{1}{5}
i	(Name of Person)	
	Resource Associates Corporation	AMIO: 40 CF STATE FLORID/
	(Firm/Company)	
	31 Hickory Road	AF SE
,	(Address) Mohnton, PA 19540	88
	(City/State/Zip)	
Should you need		1026072016 08/04/9801077003 *****70.00 *****70.00
Rachel	le Smith at (610) 775-5222	
(Name	of Person) (Area Code & Daytime Telephone N	umber)
		7

COURIER ADDRESS:

To:

Qualification/Tax Lien Section

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE

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.	(Name of corpo	ource Associates, INC. ration; must include the word "INCORPORATE riations of like import in language as will clearly or partnership if not so contained in the name at p	indicate that i	NY", "CORPOR it is a corporation	ATION" or instead of a			-
2.	Peni	nsylvania under the law of which it is incorporated)		23-2076618				_
				(FEI number, in				
4.	Sept	tember 25, 1978 5. (Dur	E	Perpetual				
	(Dat	e of incorporation) (Dur	ation: Year co	orp. will cease to	exist or "perp	etual")	-
6.	June	29, 1998				-1		
	(Date first	transacted business in Florida.) (SEE SECTION	IS 607.1501, 6	07.1502 and 817.	.155, F.S.)	<u> </u>	_	-
7	31 1	Hickory Road			, , ,	> 24 EM	E C	
٠.		ironory Roda	<u> </u>		<u></u>	<u>></u>	Jī	***************************************
	Mohr	nton, PA 19355		-		25		111
8.	Sale	(Current mailing address of Training/Human Resource	•	als		TATE ORIO	WH 10: 40	J
	(Purpose(s) of corporation authorized in home state or cor	intry to be can	ried out in state o	f Florida)			
9.	Name and stre	eet address of Florida registered agent: (P				ble)		
	Name:	Linda Martin	<u>-</u> -	= -	•			
Οfi	fice Address:	1810 Pomelo Avenue						
	-	St. Cloud	, Florida,	34772				
				(Zip code)				
10.	Registered as	gent's acceptance:						
Нa	ving been name	d as registered agent and to accept service of pe	ocass for the	shove stated some	anatan ne di	1	. , .	

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. DIRECTO	RS (Street address only - P.O. Box NOT acceptable)	
Chairman:		
Address:		
Vice Chairman		<u></u>
Address:		
Director:		
Address:	T S S R	
	LATE A	
Director:	Sign of the second seco	
Address:	To A	
- 0777	PAGE AND TO A PA	
	RS (Street address only - P.O. Box NOT acceptable)	
	Linda Martin	
Address:	1810 Pomelo Avenue	
	St. Cloud, FL 34772	
Address:		
Secretary:		
Address:		
	St. Cloud, FL 34772	
Treasurer:	Robert T. Becker	
Address:	1810 Pomelo Avenue	
	St. Cloud, FL 34772	
NOTE: If ne	cessary, 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.	Linda L. Martin Pres.	
- **	(Typed or printed name and capacity of person signing application)	

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JULY 17, 1998

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

RESOURCE ASSOCIATES, INC.

98 AUG -5 AM 10: 40
SECRETARY FLORIDA

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

SSCH