# F98000004815

TO: Qualification/Tax Lien Section Division of Corporations

SUBJECT: RELATIONAL RESOURCES INCORPORATED

(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:

DHILLIPS

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	KATHLEEN L. PHILLIPS	
	(Name of Person)	
	RELATIONAL RESOURCES INC	\phi \phi \begin{array}{c} \phi
	(Firm/Company)	98 S. S. S
	POBOX 1810	AU SEC
	(Address)	6 2
	ELFERS FLA 34680	
	(City/State/Zip)	<b>7</b> 360 = 300 = 3
Should you need to	call someone concerning this matter, please call:	RATTE RATTO

#### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. 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

(Area Code & Daytime Telephone Number)

## 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. RELATIONAL RESOURCES, INC.	
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or word of like import in language as will clearly indicate that it is a corporation instead of a natural person or particular contained in the name at present.)	
2. GEORGIA 3. <u>58-1935666</u>	
(State or country under the law of which it is incorporated) (FEI number, if applied	cable)
4. 3/6/1991 5. PERPETUAL	
(Date of Incorporation) (Duration: Year corp. will cease to exist of "perpetual")	or
6. 9/1/98	<u>.</u> .
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.15	5, F.S.) 98 17.5
7. 4542 HWY 129 N.	SION BAUG
CLEVELAND GA 30528	COF CO
(Current mailing address)	₹ <b>₹</b>
8. CONSULTING DN FLA.	ST AND
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of I	Florida) Sim
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT	acceptable
Name: KATHLEEN L. PHILLIPS	
Office Address: 3315 ELFERS PKWY	· ·
NEWPORT RICHEY, Florida, 34655	-
(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: KATHLEEN 4. PHILLIPS
Address 3315 ELEGRS DVINY
NEW PORT RICHEY, FLA. 34-655
Vice Chairman: RICHARD G. PHILLIPS
Address: 3315 ELFERS PKWY
NEW PORT RICHEY FL 34655
Director:
Address:
Director:
Address:
B. OFFICERS (Street address only- P. O. Box NOT acceptable)
President: KATHLEEN D. PHILLIPS
Address: 3315 ELFERS PKWY
NEW PORT RICHEY FL 34655
Vice President: RICHARD G. PHILLIPS 8
Address: 3315 ELFERS PKWY
NEW PORT RICHEY FL 34655
Secretary: RICHARD 6. PHILLIPS
Address: 3315 ELFERS PKWY
NEW PORT RICHEY FL 34655
Treasurer: KATHLEEN L. PHILLIPS
Address: 3315 ELFERS PKWY, NEW PORT RICHEY FL3465
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)
1/2-2
14. KHTHLEED L. PHILLIPS, FRESHDE CHAIRMAN  (Typed or printed name and capacity of person signing application)

### **Secretary of State**

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 981950610
CONTROL NUMBER : 9104008
DATE INC/AUTH/FILED: 03/06/1991
JURISDICTION : GEORGIA
PRINT DATE : 07/14/1998

FORM NUMBER : 211

RELATIONAL RESOURCES, INC.
KATHLEEN L. PHILLIPS
P.O. BOX 1810
ELFERS, FL 34680

SECRETARY OF STATE DIVISION OF CORPORATIONS

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#### CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## RELATIONAL RESOURCES, INC. A DOMESTIC PROFIT CORPORATION

TO BE TO SERVE AND A LOSS OF BELLEVILLE

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Lewis 4. Massey

Lewis A. Massey Secretary of State