# F98000004998

To: Qualification/lax Lien Section		
Division of Corporations		
SUBJECT: Lowier Control Otr. Inc. Chillippers 1		
(Name of corporation - must include suffix)		
(Name of corporation - must morado samis)		
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. 6000026172365		
音楽を記念プレーアに datatation Title コーニー		
Please return all correspondence concerning this matter to the following.		
ERIC RASMUSSIN W98-18794		
(Name of Person)		
Mushippers Association		
(Firm/Company)		
\$ 90 box 520070 8 =		
(Address)		
SLC UT 84152-0070		
(City/State/Zip)		
Should you need to call someone concerning this matter, please call:		
Should you need to call someone concerning this matter, please call:		
ERIC RAMMUSSON at (801) 2888889 Mm		
(Name of Person) (Area Code & Daytime Telephone Number)		
1/4		

#### **COURIER ADDRESS:**

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



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

August 18, 1998

ERIC RASMUSSEN UNISHIPPERS ASSOCIATION P.O. BOX 520070 SALT LAKE CITY, UT 84152-0070

SUBJECT: COURIER CONTROL CENTER, INC.

Ref. Number: W98000018794

We have received your document for COURIER CONTROL CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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: 998A00042647

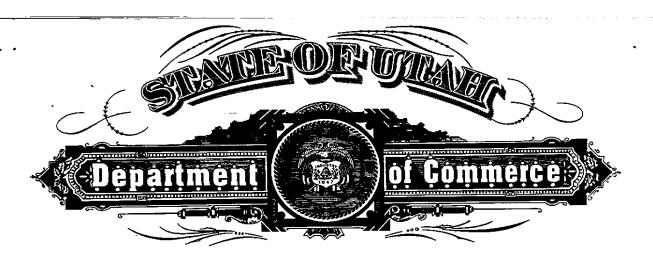
OIVIERS TO SOUTH AND IN

### 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. (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.) (State or country under the law of which it is incorporated) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) UT 84151-00 10 (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) 4300 N. UNIVERSITY DIL STE. A-207 Office Address: LAUDERHILL FL 33351 (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.

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) Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Vice President: Address: \_ Address: Treasurer: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)



## CERTIFICATION OF GOOD STANDING

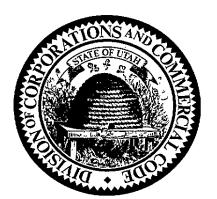
THE UTAH DIVISION OF CORPORATIONS AND COMMERCIAL CODE HEREBY CERTIFIES THAT

#### **COURIER CONTROL CENTER**

is a Utah corporation and is qualified to transact business in the States of Utah, and that its most recent annual report required by Utah law has been filed, and that Articles of Dissolution have not been filed. Let A Certificate of Incorporation was issued from this office on APRIL 15, 1988 and said corporation is in good standing, as appears of record in the offices of the Division. This certification is not intended to reflect the financial condition, business activity or practices of this corporation. The following are additional filings pertaining to this corporation.

NO OTHER FILINGS WERE FOUND

File Number: CO 130998



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Dated this August	98day
of	, 19
Lorena P. Riffo Division Director of Comparations and Comparations	rial Code