# F98000005366

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: Nationwide Administrative Services, Ir	ic.
(Name of corporation – r	nust include suffix) 500002636715—6 -09/11/38—01006—001
Dear Sir or Madam:	*****78.75 *****78.75
The enclosed "Application by Foreign Corporation fo "Certificate of Existence", and check are submitted to r	egister the above referenced foleigh corporation to
transact business in Florida.	W98-2074
Please return all correspondence concerning this matter	
Ernie Scalise	
(Name of F	Person)
Nationwide Administrative	
(Firm/Con	npany)
2435 U.S. Highway 19, #1	
(Addre	ss) ———————————————————————————————————
Holiday, Florida 34691	-//3)
(City/Stat	e/Zip) 9 ATA
Should you need to call someone concerning this matter	er, please call:
bilotica you need to care personal account to	ynh
Ernie Scalise at (Name of Person)	813 ) 942-3441  (Area Code & Daytime Telephone Number)
(Name of Letton)	
STREET ADDRESS:	MAILING ADDRESS:
Qualifications/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Section - Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



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

September 11, 1998

ERNIE SCALISE NATIONWIDE ADMINISTRATIVE SERVICES, INC. 2435 U.S. HIGHWAY 19 #120 HOLIDAY, FL 34691

SUBJECT: NATIONWIDE ADMINISTRATIVE SERVICES, INC.

Ref. Number: W98000020747

We have received your document for NATIONWIDE ADMINISTRATIVE SERVICES, 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 list the mailing address on line seven.

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 cal (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 998A00046192

### 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.

	D-1			3.	59-3492827	_		
(State	Delaware	nder the law of which	it is incorporated	<del></del>	(FEI numbe	r, if applicable)		
(Dunc								
•	March 12, 1 (Date of inc	998	- 3	(Dination: Y	ear corp. will ce	ase to exist or "perpe	tual")	
	•	_		(22 22 22 22 22 22 22 22 22 22 22 22 22				
	Septemb	per 1st 1998		10011501 100	1500 - 1017 16	E EC)		
Date fi	rst transacted	business in Florida.) (	SEE SECTIONS	607,1501, 607.	,1502.and 817.13	ι <b>Σ, Γ.</b> δ.)		
	Nation	wide Administ	rative Se	rvices In	.c			
			#420 ET-1	idor Pl	3/601			وفاسر
		S Highway 19	#120 HOT	iday Fi.	34091		- 8	<u>⊇</u> ≥
Curren	t mailing add	ress)					33	<u>88</u>
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	Issuance of	surety bonds				11.1		
urpos	se(s) of corpo	ration authorized in ho	me state or coun	try to be carried	out in state of F.	lorida)	7	्र <u>े</u> ⊝ ि
	Mama and	street address of Flor	ida registered a	gent: (P.O. Box	or Mail Drop B	ox NOT acceptable)	ؿؚ	္သိုင္ဆ
	Name and	Sireet address of Fior	ian registeren u	<b>5-2-1</b> (2-1-1-1-1	•	<del></del>		≟≧
	Name:	Ernie Scalise	<del></del>				+	. <u>2</u> ("
~~		3.Y. 1:	ministrativa Carr	ices Inc 2435	U.S. Highway 19	9. #120		
ffice.	Address:	Nationwide Adi	ministrative Serv	ices, inc., 2-155	0.0. Inganay 1.			
		Holiday		, Florida,	34691 (Zip code)	4	_	
	_		<u> </u>	<del></del>	(Zip code)			
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10.	~	agent's acceptance:					ie nlace	e designa
		l as registered agent a tereby accept the appo						
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12. Names and addresses of offiers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

## DIRECTORS (Street address only - P.O. Box NOT acceptable) Davis Warehime Chairman: Address: 11815 Highland Place Coral Springs, FL 33071 Vice Chairman: Director: Ernie Scalise Address: Nationwide Administrative Services, Inc., 2435 U.S. Highway 19, #120, Holiday, Florida 34691 Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Ernie Scalise Address: Nationwide Administrative Services, Inc., 2435 U.S. Highway 19, #120, Holiday, Florida 34691 Vice President: Address: Secretary: Michael D. Karsch, Esq. Address: Broad and Cassel, Suite 3000, Miami Center, 201 South Biscayne Boulevard, Miami, Florida 33131 Treasurer: Address: \_\_\_\_\_\_ 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) Ernie Scalise Vice President NASI (Typed or printed name and capacity of person signing application)

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONWIDE ADMINISTRATIVE 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 SECOND DAY OF SEPTEMBER, A.D. 1998.

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

SECRETATION DIVISION OF 21 AM 9: 14

2870852 8300 981343440



Cdwff Jul 09-02-98

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: