

# F98000007061

CAPITOL SERVICES d/b/a  
 PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)  
 1406 Hays Street, Suite 2  
 (Address)  
 Tallahassee, FL 32301 (904) 656-3992  
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

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 \*\*\*\*\*78.75 \*\*\*\*\*78.75

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Consolidated Route, Inc. (Document #)
2. \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Document #)

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 98 DEC 29 PM 1:12  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Walk in   
  Pick up time 12/29   
  Certified Copy  
 Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

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 98 DEC 29 AM 11:04  
 CLERK OF CORPORATION

Examiner's Initials

## TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Consolidated Route, 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:

Denise M. McDermott

(Name of Person)

Schulte Roth & Zabel LLP

(Firm/Company)

900 Third Avenue

(Address)

New York, NY 10022

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Denise M. McDermott  
(Name of Person)

at ( 212 ) 756-2590  
(Area Code & Daytime Telephone Number)

### 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

**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. Consolidated Route, Inc.  
(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.)
2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 11, 1998 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.1503 F.S.))
7. 25E Brookfield Oaks Drive  
Greenville, South Carolina 29607  
(Current mailing address)
8. Operation of skill crane machines  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: NATIONAL CORPORATE RESEARCH, LTD., INC.

Office Address: 1406 Hays Street, Suite #2

TALLAHASSEE, Florida, 32301  
(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.*

*Iran Wagner Asst Secy*  
(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.

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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: see addendum

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_


Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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**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)

14. Jon A. Langbert, President  
(Typed or printed name and capacity of person signing application)

TO: QUALIFICATION/TAX LIEN SEC.  
 DIVISION OF CORPORATIONS  
 STATE OF FLORIDA

FROM: CONSOLIDATED ROUTE, INC.

RE: APPLICATION FOR CERTIFICATE OF AUTHORITY

**CORPORATION'S DIRECTORS AND OFFICERS**

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<u>OFFICE</u>	<u>NAME</u>	<u>BUSINESS ADDRESS</u>
<b>DIRECTORS</b>		
Director	Kevin P. Genda	25E Brookfield Oaks Drive Greenville, SC 29607
Director	Mark A. Neporent	25E Brookfield Oaks Drive Greenville, SC 29607
Director	Jonathan Gallen	25E Brookfield Oaks Drive Greenville, SC 29607
Director	Jon A. Langbert	25E Brookfield Oaks Drive Greenville, SC 29607
<b>OFFICERS</b>		
President	Jon A. Langbert	25E Brookfield Oaks Drive Greenville, SC 29607
Chief Financial Officer and Assistant Secretary	Kenneth A. Hiltz	25E Brookfield Oaks Drive Greenville, SC 29607
Secretary	Kevin P. Genda	25E Brookfield Oaks Drive Greenville, SC 29607

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONSOLIDATED ROUTE, 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 TWENTY-EIGHTH DAY OF DECEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONSOLIDATED ROUTE, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 1998.

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



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION: 9488732

DATE: 12-28-98

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TALLAHASSEE FLORIDA

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