F99000000228

TRANSMITTAL LETTER

To:

Qualification/Tax Lien Section Division of Corporations

SUBJECT:

e-DENTIFICATION Management, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

500002739815--0 -01/13/99--01060--001

*******70.00 *******
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:

(Name of Person)
er Warren & Rudy, P.A.
(Firm/Company)
lin Street
(Address)

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

Jeremy P. Ross

at (_ 813

224-9255

(Name of Person)

(Area Code & Daytime Telephone Number)

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 99 JAN 13 PM 1: 13

SECRETARY OF STATE
DIVISION OF CORPORATIONS

-APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FO	REIGN CORPORATION TO T	FLORIDA STATUTES, THE FOLI RANSACT BUSINESS IN THE ST	CATE OF FLORIDA.	TED TO
(Name of corpo	FICATION Management, In pration; must include the word "Inviations of like import in language or partnership if not so contained in the second	CORPORATED", "COMPANY", "(as will clearly indicate that it is a	CORPORATION" or or or porporation instead of a	
2 Delaware		. 3,		
	y under the law of which it is inco	rporated) (FEI	number, if applicable)	
4 November	17, 1998	5. Perpetual		
(Da	te of incorporation)	(Duration: Year corp. will cea	se to exist or "perpetua	al")
6. January,	, 1999		-	-
(Date firs	t transacted business in Florida.)	SEE SECTIONS 607.1501, 607.150	2 and 817.155, F.S.)	
7 59 Oak Cr	eek Trail		•	_
Madigon	Wisconsin 53717	. 14		-
Hadison,		t mailing address)		
	•			
8. Any law	vful purpose			
(Purpose	(s) of corporation authorized in he	ome state or country to be carried out	t in state of Florida)	
9. Name and str	eet address of Florida registe	ered agent: (P.O. Box or Mail Dr	op Box NOT accept	able)
	Jeremy P. Ross			
Name:	Jelemy F. Ross			
Office Address:	220 South Franklin Str	eet	<u>-</u>	S NG
	Tampa	Florida 336	602	9 JI
		, i torica,	code)	
				3 0
10. Registered a	igent's acceptance:			- P 25
		ept service of process for the above s		
comply with the pi	, I nereby accept the appointmen rovisions of all statutes relative to	t as registered agent and agree to ac the proper and complete performat	nce of my duties, and .	iriner agreesso 📆 I am familiar with
and accept the obl	igations of my position as registe	red agent.		
	Spready.	Josh	The same and the s	
/	(Registe	ered agent's signature)		
11 Attached is a	rectificate of existence duly author	nticated, not more than 90 days prior	r to delivery of this apr	dication to the
	te, by the Secretary of State or oth	ner official having custody of corpora		

12. Names and add	iresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)	-
	(Street address only - P.O. Box NOT acceptable)	
Chairman:	Sidney Lieberman	
Address:	8699 Egret Isle Terrace, Lake Worth, FL 33467-1724	
Vice Chairman:	John F. Ellingson	 -
Address:		
Director:	N/A	
Address:		-
Director:	N/A	
Address:		
B. OFFICERS	(Street address only - P.O. Box NOT acceptable)	
President:	John F. Ellingson	
Address:	59 Oak Creek Trail, Madison, WI 53717	
	Sidney Lieberman	
Vice President:	8699 Egret Isle Terrace, Lake Worth, FL 33467-1724	<u> </u>
Secretary:	Sidney Lieberman	
Address:	8699 Egret Isle Terrace, Lake Worth, FL 33467-1724	<u></u>
Treasurer:	Sidney Lieberman	
Address:	8699 Egret Isle Terrace, Lake Worth, FL 33467-1724	
	ssary 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	John F. Ellingson, President (Typed or printed name and capacity of person signing application)	

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "E-DENTIFICATION MANAGEMENT, 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 FIFTH DAY OF JANUARY, A.D. 1999.

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



SECRETARY OF STATENS
DIVISION OF CORPORATIONS
99 JAN 13 PM 1: 13



Edward J. Freel, Secretary of State

2967507 8300

AUTHENTICATION:

9502803

DATE:

01-05-99