To: Qualification/Tax Lien Section Division of Corporations		17					
SUBJECT: St. Clair Communication Se	ervices Inc.						
	on - must include suffix)						
Dear Sir or Madam:	-03/ ***	2818979					
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.							
Please return all correspondence concerning this matte	r to the following:						
Debra Scoggins							
(Name o	of Person)						
B A Services Inc	<u>-</u>	7 10 12/200					
(Firm/C	ompany)	ALEC 1129					
128 S. Forest P.O. Box	1186	HAR 26					
	iress)	C77					
Standish MI 48658							
	tate/Zip)						
(City/3	aterzip)	ALE I					
Should you need to call someone concerning this matter, please call:							
Debra Scoggins at (517) 846-958 <u>1</u> Ext 15	- 					
	a Code & Daytime Telephone Nu	imber)					
STREET ADDRESS:	+ MAILING ADDRESS:						
Qualification/Tax Lien Section	Qualification/Tax Lien Section	1					
Division of Corporations	Division of Corporations	-					

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Enclosed is a check for the following amount:

😼 \$70.00 Filing Fee	🗇 \$78.75 Filing Fee &	🗇 \$78.75 Filing Fee &	🗇 \$87.50 Fil		
-	Certificate of Status	Certified Copy	Certificat		

...

P.O. Box 6327

Tallahassee, FL 32314

\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.		lair Communicati				· · ·			·
	(Name of corp	oration; must include the wor	d "INCORP	ORATÉD", "	COMPAN	IY", "CORPO	RATION" or		-
	words or abbre	viations of like import in lan	guage as wil	l clearly indic	cate that it	is a corporation	on instead of a		
	natural person	or partnership if not so conta	ined in the n	ame at preser	nt.)				
2.	Michigan			3.	38-335	50580	-		· -
	(State or countr	y under the law of which it is	incorporate	d)		(FEI number,	if applicable)		
4.	4-18-97		- 5	Perpe	etual				
	(Da	te of incorporation)	>			p. will cease t	o exist or "perpe	etual")	
6.	May 1, 1	999		· · ·					
	(Date firs	t transacted business in Flori	da.) (SEE SI	ECTIONS 60'	7.1501, 603	7.1502 and 81	7.155, F.S.)		
-	James Jo	11v							= · _
/.					••••				
	950 Harc	ourt Grosse Poin	te Park	MI 482	230	- 1- 1	N TAS	99	
		(C	urrent mailir	ng address)			4 LU	MAR	•
							Ξ.		
8.	Cable In	stallation Contr	actor				<u>ک</u> ی ا	26	•
	(Purpose	(s) of corporation authorized	in home stat	e or country	to be carrie	ed out in state	of Florida)	<u>₽</u> П	1
)
9.	Name and str	eet address of Florida re	gistered age	ent: (P.O. E	Box or Ma	ul Drop Box	NOT acceptab	ple)	.=
	N 7		-					6	
	Name:	James Jolly							
Of	fice Address:	1771 Country Cl	ub Blvd	•	·		-g. atria, .		
		Mount Dora		ī	Florida, _3	32757			
				, , , , , , , , , , , , , , , , ,		(Zip code)	, .,·	-	41. 1-

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.

ane (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 ar	ad addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptab	le)			
A. DIRECT	ORS (Street address only - P.O. Box NOT acceptable)				
Chairman:	James Jolly				
Address:	1771 Country Club Blvd				
	Mount Dora Fla 32757		-		+
Vice Chairma	n:				_
Address:					_
			1		. .
Director:	James Jolly				· ·
	1771 Country Club Blvd				
	Mount Dora Fla 32757	-		<u></u>	
Director:		TAL	N 66		
		AH	IAR 2	- <u>11</u> =	-
		- asse	<u>ं</u> जि	m	
B. OFFICE	RS (Street address only - P.O. Box NOT acceptable)	70	, iộ	5	-
President:	James Jolly	ORIG	10-15		
Address:	1771 Country Club Blvd.				.:::*
	Mount Dora Fla <u>32</u> 757	<u>.</u>		 = -	
Vice Presiden	t:				.
Address:					_
					-
Secretary:	James Jolly				_ .
Address:	1771 Country Club Blvd.			<u>+</u>	
	Mount Dora F1a 32757				
Treasurer:	James Jolly			÷ 1.	1
Address:	1771 Country Club Blvd	-	-		
	Mount Dora Fla 32757				-
NOTE: If n	ecessary, you may attach an addendum to the application listing additional officers and/or of	directors			_ ,
	James Jolly Amer James				
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appli	cation)			-
14	James Jolly				_

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(Typed or printed name and capacity of person signing application)

