

TRANSMITTAL LETTER

F99000002373

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: CAPITAL DIVERSIFIED SERVICES, 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:

MICHELE AND R. KYLE BAILEY

(Name of Person)

CAPITAL DIVERSIFIED SERVICES, INC.

(Firm/Company)

3225 S. MACDILL AVENUE, #129-259

(Address)

TAMPA, FL 33629-8171

(City/State/Zip)

600002771766--3
-02/10/99--01070--001
*****70.00 *****70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 10 AM 10:14
600002771766

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

SAME

(Name of Person)

at 813-277-9522

(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

F99-
2373

BA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 1, 1999

MICHELE AND R. KYLE BAILEY
CAPITAL DIVERSIFIED SERVICES, INC.
3225 S. MACDILL AVE., #129-259
TAMPA, FL 33629-8171

SUBJECT: CAPITAL DIVERSIFIED SERVICES, INC.
Ref. Number: W99000002516

We have received your document for CAPITAL DIVERSIFIED SERVICES, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 499A00004363

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 10 AM 10:14



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 10, 1999

MICHELE AND R. KYLE BAILEY
CAPITAL DIVERSIFIED SERVICES, INC.
3225 S. MACDILL AVE., #129-259
TAMPA, FL 33629-8171

SUBJECT: CAPITAL DIVERSIFIED SERVICES, INC.
Ref. Number: W99000002516

We have received your check for \$70.00; however, the certificate of existence that you have submitted is still over 90 days old.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 399A00005956

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 10 AM 10:14

**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. CAPITAL DIVERSIFIED SERVICES, 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. VIRGINIA

(State or country under the law of which it is incorporated)

3. 54-1800603

(FEI number, if applicable)

4. MAY 2, 1996

(Date of Incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or
"perpetual")

6. DECEMBER 1, 1998

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 3225 S. MACDILL AVENUE, #129-259

TAMPA, FL 33629-8171

(Current mailing address)

8. MOVED PRIMARY OFFICE TO FLORIDA

(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: R. KYLE BAILEY

Office Address: 3225 S. MACDILL AVE, #129-259

TAMPA

, Florida, 33629-8171

(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.



(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 10 AM 10:14

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: MICHELE R. BAILEY

Address: 3225 S. MACDILL AVENUE, #129-259

TAMPA, FL 33629-8171

Director: R. KYLE BAILEY

Address: 3225 S. MACDILL AVENUE, #129-259

TAMPA, FL 33629-8171

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

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. R. KYLE BAILEY, PRESIDENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 10 AM 10:14

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the
Commission:

CAPITAL DIVERSIFIED SERVICES, INC. is a corporation existing under and by
virtue of the laws of Virginia, and is in good standing.

The date of incorporation is May 02, 1996.

Nothing more is hereby certified.



Signed and Sealed at Richmond
on this Date: April 28, 1999

Joel H. Beck

Clerk of the Commission