## H99000002492

TRANSMITTAL LETTER	<del>-</del>	SEGRETARY DIVISION OF CO
To: Qualification/Tax Lien Section Division of Corporations	<del></del>	ES STATE OR POR ATION
SUBJECT: INNOVATIVE DEVELOPMENT SERVICES, INC. d/b/a IDS GROUP (Name of corporation - must include suffix)	, INC.	
Dear Sir or Madam:	=	
The enclosed "Application by Foreign Corporation for Authorization to Transact Busi "Certificate of Existence", and check are submitted to register the above referenced for to transact business in Florida.		
Please return all correspondence concerning this matter to the following:	10287225 05212/990102 ******78.75 ***	519 ?9009 :***78.75
Weston F. Smith, Esquire		
(Name of Person)  Harrison, Hendrickson, Douglass & Kirkland, P.A.  (Firm/Company)		·
P.O. Box 400 (Address)	<u> </u>	
	_	
Bradenton, FL 34206 (City/State/Zip)	The Section	
Should you need to call someone concerning this matter, please call:  ORR DATE	=5-)4-9 EXAM//4	HONE TO
STREET ADDRESS: MAILING ADDRESS:	<del>-</del>	
Qualification/Tax Lien SectionQualification/Tax Lien SectionDivision of CorporationsDivision of Corporations409 E. Gaines St.P.O. Box 6327Tallahassee, FL 32399Tallahassee, FL 32314	on	
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy	87.50 Filing Fee, Certificate of State Certified Copy	. ·· 18 &
Name Availability  Document Examiner  Updater Updater Verifyer  Acknowledgement	**************************************	·

## 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. INNOVATIVE DEVELOPMENT SERVICES GROU	P, INC.			·	<del></del>
(Name of corporation; must include the word "INCOR words or abbreviations of like import in language as w natural person or partnership if not so contained in the	ill clearly indi	cate that it is a cornorat	PORATION" or tion instead of a		
2. <u>Maryland</u>	3.	52-1696-283	<u>.</u>		-
(State or country under the law of which it is incorporate	ed)		r, if applicable)		-
4. <u>August 14, 1990</u> 5.	Perpetua	1	<u> </u>		
(Date of incorporation)	(Duration:	Year corp. will cease	to exist or "perpetual")	)	
6. <u>None</u>					
(Date first transacted business in Florida.) (SEE S	SECTIONS 60	07.1501, 607.1502 and	817.155, F.S.)		,
7. 350 Gulf Blvd. Indian Rocks Be	ach, FL	33785			
			<del>17 -</del>		
(Current mailir	g address)				
•					
All lawful business     (Purpose(s) of corporation authorized in home state	4				· refrance
9. Name and street address of Florida registered a			-		DIV
		. •	**************************************		<u>SS</u>
Office Address: _350 Gulf Boulevard			-	99 MAY 1.2	ETAF OF
<u> Indian Rocks Beach</u>		Florida, 33785 (Zip code)		PH	LEO RY OF SI CORPOR
10. Registered agent's acceptance:			<u> </u>	2	ATE
Having been named as registered agent and to accept serventhis application, I hereby accept the appointment as regist with the provisions of all statutes relative to the proper and the obligations of my position as registered agent.					
(Registered ag	ant'a siamai		<u> </u>		
<i>'</i>	-		- <u></u>		
<ol> <li>Attached is a certificate of existence duly authenticated Department of State, by the Secretary of State or other office which it is incorporated</li> </ol>	, not more that ial having cus	n 90 days prior to delive tody of corporate record	ery of this application ds in the jurisdiction ur	to the ider the la	w of

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:	<u> </u>	
Address:	- <u></u>	
/ice Chairman:	<u> </u>	
Address:		
Director: <u>Kathleen R. McDonald</u>		
Address: 350 Gulf Boulevard		
Indian-Rocks Beach, Florida 33785		
Director:		
Address:		
3. OFFICERS (Street address only - P.O. Box NOT acceptable)		· · · · · · · · · · · · · · · · · · ·
President: <u>Kathleen R. McDonald</u>		
Address: same as above		
Vice President:		
Address:		
Secretary: Kathleen R. McDonald		
Address: Same as above		<del></del>
Freasurer:	=	
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional office		
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	f the application)	
4. Kathleen R. McDonald - Director/President/Secretary	<del>-</del>	

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

## STATE OF MARYLAND

723929

## STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, RITA WINSTON

OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HERBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT INNOVATIVE DEVELOPMENT SERVICES GROUP, INC.

IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 297H DAY OF APRIL, 1999.

CHARTER DIVISION

AT5-031