DOCUMENT NUMBER OF 000002645

CT CORPORATION SYSTEM			
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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:

	Se The second se
(Name of corporation: must include the word "INCORPORA" words or abbreviations of like import in language as will clea	rly indicate that it is a corporation instead of a
Delaware 3	applied for
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4/9/99	5. Perpetual
(Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6/1/99	607 1501 607 1502 AND \$17 155 BS \
Highway 270, P.O. Box 208	
Jones Mill, Arkansas 72105	-· ·
(Current mailing a	ddress)
Name and street address of Florida registered ag acceptable)	of the State of Delaware. ent: (P.O. Box or Mail Drop Box NOT
Name: CT Corporation System	
Office Address: 1200 South Pine Island Roa	<u>d</u>
Plantation	, Florida , <u>33324</u>
O. Registered agent's acceptance:	(Zip Code)
aving been named as registered agent and to accomporation at the place designated in this application at the place designated in this application agent and agree to act in this capacity. I fill statutes relative to the proper and complete performed accept the obligations of my position as registered CO	ation, I hereby accept the appointment as urther agree to comply with the provisions of the remance of my duties, and I am familiar with
	Any lawful act or activity for which (Purpose(s) of corporation authorized in home state or count under the General Corporations Law of Name and street address of Florida registered agacceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation Registered agent's acceptance: aving been named as registered agent and to acceptable agent and agree to act in this capacity. If the statutes relative to the proper and complete perford accept the obligations of my position as registered.

incorporated.

A. DIRECTORS (Street address only-P. O. Box NOT acceptable) Chairman: Paul R. Arena____ Address: 5241 N.W. 109th Lane Coral Springs, Florida 33076 Address: 5241 N.W. 109th Lane Coral Springs, Florida 33076 Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Paul R. Arena Address: _ 5241 N.W. 109th Lane Coral Springs, Florida 33076 Vice President: None Address: Secretary: Leigh S. Zoloto Address: __5241 N.W. 109th Lane Coral Springs, Florida 33076 Treasurer: Leigh S. Zoloto Address: 5241 N.W. 109th Lane Coral Springs, Florida 33076 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Paul R. Arena, President (Typed or printed name and capacity of person signing application)

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AIM SOLUTIONS, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND SELECTION
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF MAY
A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES





Edward J. Freel, Secretary of State

AUTHENTICATION:

9756197

DATE:

05-20-99

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