F99000004196

TRANSMITTAL LETTER

| To: Qualification/Tax Lien Section Division of Corporations | | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| SUBJECT: SUBJECT: | | | | | | | | |
| (Name of corporation - must include suffix) | | | | | | | | |
| Dear Sir or Madam: 0789-00524-0001 29-149 300002344553-1 -07/29/39-01009-002 +****78.75 | | | | | | | | |
| 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: David Courtney | | | | | | | | |
| (Name of Person) | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| SM Consulting, Inc. | | | | | | | | |
| (Firm/Company) | - , · · · · · · · · · · · · · · · · · · | | | | | | | |
| 550 North Reo Street | · | | | | | | | |
| (Address) | | | | | | | | |
| Tampa, Florida 33609 | | | | | | | | |
| (City/State/Zip) | SE IIVIS 99 A | | | | | | | |
| | AUG | | | | | | | |
| Should you need to call someone concerning this matter, please call: | | | | | | | | |
| B 110 (| PP | | | | | | | |
| David Courtney 813-261-4949 | STAT STAT STAT | | | | | | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | | | | | | | |
| | · | | | | | | | |
| STREET ADDRESS: MAILING ADDRESS: | Name Availability | | | | | | | |
| | Document | | | | | | | |
| Division of Corporations Division of Corporations | Examiner | | | | | | | |
| 409 E. Gaines St. P.O. Box 6327 | Updater | | | | | | | |
| | Updater Verifyer | | | | | | | |
| Enclosed is a check for the following amount: | Acknowledgement | | | | | | | |
| ☐ \$70.00 Filing Fee | W.P. Verifyer O Filing Fee | | | | | | | |
| Certificate of Status Certified Copy Certificate of Status & Certified Copy | | | | | | | | |



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 30, 1999

DAVID COURTNEY 550 NORTH REO STREET TAMPA, FL 33609

SUBJECT: SM CONSULTING, INC. Ref. Number: W99000017691

We have received your document for SM CONSULTING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The signature of the President, Sheila C. Heinze, must be original.,

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) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 999A00038858

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.

| Si | M Consulting, Inc. | - | | | | - | : |
|---|---|----------------------------------|------------------|----------------------|----------------------|-------------|---|
| words or abbrev | ration; must include the word viations of like import in languor partnership if not so contained. | age as will clea | rly indicate the | | | | |
|) | Maryland, USA | : | 3 | 52-197 | 9241 | | |
| (State or country | under the law of which it is in | corporated) | | (FEI number, | if applicable) | | |
| _{ı.} Maı | rch 3, 1995 | 5. | Perpet | ual | 1 | i . | |
| (Dat | e of incorporation) | | uration: Year | corp. will cease to | exist or "perpett | ıal") | |
| б. | June 1, 1999 | | •. | | | | |
| (Date first | transacted business in Florida | .) (SEE SECTI | ONS 607.150 | 1, 607.1502 and 81 | 7.155, F.S.) | | |
| _{7.} 550 Nort | th Reo Street | | | | | • | |
| Tompo F | | | | | | | |
| rampa, r | Florida 33609(Curn | ent mailing add | ress) | - | | <u> </u> | |
| | | | • | | | | |
| 3. Providing | Information Technolog | y Consulti | ng Service | s | | <u></u> | |
| (Purpose(| s) of corporation authorized in | home state or | country to be o | carried out in state | of Florida) | | . =: |
|). Name and str | eet address of Florida reg | istered agent | : (P.O. Box | or Mail Drop Bo | x <u>NOT</u> accepta | ible) | DIV. |
| NT. | David Courtney | | | | ÷ | 1 | SEC |
| Name: | | | - | | | e. | <u> </u> |
| Office Address: | 550 North Reo Stree | t [| . | - <u></u> | 7 2 1 2 . | 3. PH | |
| | Tampa, Florida | | Elor. | ida 33609 | · <u>·····</u> | ゴ | 등록U 음o |
| | | | , FIOI | (Zip code) | <u> </u> | 2: 4 | TATE |
| | _ | | | • | | ****** | SHC |
| 0. Registered a | igent's acceptance: | | | | | | |
| his application, I i with the provisions | ed as registered agent and to a hereby accept the appointment of all statutes relative to the my position as registered agent Davil C | t as registered proper and cont. | agent and agr | ee to act in this ca | pacity. I further | r agree to | comply |
| | (Reg | istered agent's | signature) | | | | |
| 1 Attached is a c | ertificate of existence duly aut | henticated, not | more than 90 c | lays prior to delive | ery of this applica | ation to th | ne. |

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

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

which it is incorporated.

| A. DIRECTORS (Street address only - P.O. Box NOT acceptable) | | .: |
|--|---|--|
| Chairman: | | |
| Address: | | · · · · · · · · · · · · · · · · · · · |
| | | |
| Vice Chairman: | | |
| Address: | | |
| | | |
| Director: | | ** |
| Address: | | |
| | | - E v |
| Director: | .1 | |
| Address: | | |
| B. OFFICERS (Street address only - P.O. Box NOT acceptab | la) | |
| B. OFFICERS (Street address only - F.O. Box NOT acceptable | | |
| President: Sheila C. Heinze | Special Special Community | |
| Address: 3700 Koppers Street; Suite 505 Baltimore, Maryland 21227 | | |
| | | |
| Vice President: | | |
| Address: | ME see Company of Special Control | |
| | | |
| Secretary: | | . <u> </u> |
| Address: | | |
| Patricia A. Courtney | | |
| Leasurer: | 25 <u></u> | |
| Address: 3700 Koppers Street; Suite 505 Baltimore, Maryland 21227 | | |
| NOTE: If necessary, you may attach an addendum to the application | listing additional officers and/or directors. | |
| $(() \cap (1)$ | | —————————————————————————————————————— |
| (Signature of Chairman, Vice Chairman, or any office | er listed in number 12 of the application) | |
| Sheila C. Heinze - President Typed or printed name and capaci | ty of person signing application) | |

STATE OF MARYLAND Department of Assessments and Taxation

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

I FURTHER CERTIFY THAT S M CONSULTING, 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 AT THE TIME OF THIS CERTIFICATE IS 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 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 ON THIS JUNE, 03, 1999.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 0000098039
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

crblnk