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DocMaestro™ Products
1700 McMullen Booth Rd.
Suite C-3
Clearwater, FL 33759
Phone: 727-669-8911
Fax: 727-669-6410

September 21, 1999

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*****78.75 *****78.75

Florida Department of State
QLFCTION / Tax Lien Section
409 E. Gaines Street
Tallahassee, Florida 32399

**SUBJECT:** I.S.P.A. Application for a Tax Lien in the State of Florida

Enclosed is the application for the Florida Department of State Tax Lien through Information Systems Planning & Analysis, Inc.

This includes all documentation certifying that I.S.P.A. may have business relations within the state of Florida.

If you have any questions or need more information, please feel free to write us at the above address or contact our corporate offices in the state of Georgia.

Information Systems Planning & Analysis, Inc.
I.S.P.A. Inc.
1100 Circle 75 Parkway, Suite 900
Atlanta, Georgia 30339

Thank you in advance.

Sincerely,

Melissa A. Walkley

Melissa A. Walkley
Office Manager

Enclosures

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99 SEP 23 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-29-99

# TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: INFORMATION SYSTEMS PLANNING AND ANALYSIS, 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:

LANTZ A. BALTHAZAR
(Name of Person)

INFORMATION SYSTEMS PLANNING AND ANALYSIS, INC.
(Firm/Company)

1100 CIRCLE 75 PARKWAY, SUITE 900
(Address)

ATLANTA, GA 30339
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

RICHARD WALKER (Name of Person) at ( 770 ) 690-2900 (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Qualification/Tax Lien Section
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

Enclosed is a check for the following amount:

- ☐ $70.00 Filing Fee
- ☒ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

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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.*

1. INFORMATION SYSTEMS PLANNING AND ANALYSIS, 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. STATE OF GEORGIA
(State or country under the law of which it is incorporated)

3. 58-1557046
(FEI number, if applicable)

4. 09/13/1983
(Date of incorporation)

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

6. 08/01/1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1100 CIRCLE 75 PKWY SUITE 900

ATLANTA, GA 30339
(Current mailing address)

8. GOVERNMENT CONTRACTOR
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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TALLAHASSEE, FLORIDA

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: JOSE MERA

Office Address: 1700 MCMULLEN BOOTH ROAD, SUITE C-3

CLEARWATER, Florida, 33759
(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.

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

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**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

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

President: LANTZ A. BALTHAZAR

Address: 539 GREYSTONE TRAIL

MARIETTA, GA 30068

Vice President: _____

Address: _____

_____

Secretary: DAUNITA BALTHAZAR

Address: 530 GREYSTONE TRAIL

MARIETTA, GA 30068

Treasurer: _____

Address: _____

_____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Lantz A. Balthazar
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LANTZ A. BALTHAZAR PRESIDENT
(Typed or printed name and capacity of person signing application)

# Secretary of State
## Corporations Division
## 315 West Tower
## #2 Martin Luther King, Jr. Dr.
## Atlanta, Georgia 30334-1530

DOCKET NUMBER : K92590198
CONTROL NUMBER : J311675
DATE INC/AUTH/FILED: 09/13/1983
JURISDICTION : GEORGIA
PRINT DATE : 09/16/1999
FORM NUMBER : 211

ISPA, INC.
ATTN: MARIA JASEN
1100 CIRCLE 75 PKWY STE 900
ATLANTA, GA 30339

RECEIVED SEP 20 1999

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**INFORMATION SYSTEMS PLANNING AND ANALYSIS, INC.**
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima facie evidence that said entity is in existence or is authorized to transact business in this state.

FILED
99 SEP 23 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cathy Cox
Secretary of State