F99000005307

Qualification/Tax Lien Section Division of Corporations

To:

(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: Richard W. Greco (Name of Person) Richard W. Greco (CPA) P. C. (Firm/Company) PMB 345 36181 EAST Lake Road (Address) Palm Harger FL 34685 (City/State/Zip) Should you need to call someone concerning this matter, please call: **********************************	SUBJECT: Richard W. Gre	co, C.PA, P.C.	i ili.
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RICHARD W. Greco (Name of Person) RICHARD W. Greco, C.P.A. P. C. (Firm/Company) PMB 345 36181 EAST LAKE ROAD (Address) PALM HARBOR FL 34685 (City/State/Zip) Should you need to call someone concerning this matter, please call: **********************************	"Certificate of Existence", and check are submitted to re		1 27 -
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PMB 345 36181 EAST LAYE ROAD (Address) PALM HARBOR FL 34685 (City/State/Zip) 200003013802-6 -10/13/39-01058-005 ******87.50 Should you need to call someone concerning this matter, please call: *******87.50 *******87.50 *******87.50 *******87.50 *******87.50 *******87.50 *******87.50 *******87.50 *******87.50 *******87.50 *******87.50 *******87.50 *******87.50 *******87.50 *******87.50 ********87.50 ********87.50 *********87.50 ********87.50 ********87.50 ********87.50 *******87.50 ********87.50 ***********************************			
PALM HARBOR, FL 34685 (City/State/Zip) City/State/Zip) City/State/Zip City/	(Firm/Con	npany)	· · · · · · · · · · · · · · · · · · ·
PALM HARBOR, FL 34685 (City/State/Zip) City/State/Zip) City/State/Zip City/	PMB 345, 36181 EAST	LAKE ROAD	
Should you need to call someone concerning this matter, please call: Compared Name of Person Present and Person Present and Person			
Should you need to call someone concerning this matter, please call: Total	City/State	e/Zip)	
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	Richard W. Greco at (727	, please call: *****87.50 ******) 934-	
Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: \$70.00 Filing Fee Certificate of Status Certificate of Status Correct Gave AUTHORIZATION BY PHONE TO CORRECT GAVE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate Opy CORRECT GAVE DATE DESCRIPTION BY PHONE TO CORRECT GAVE DATE DESCRIPTION BY PHONE TO CORRECT GAVE CERTIFICATION BY PHONE TO CORRECT GAVE DIVISION OF CORPORATION BY PHONE TO CORRECT GAVE DATE DESCRIPTION GAVE DIVISION OF CORPORATION GAVE DIVISION OF CORPORATION GAVE CERTIFICATION GAVE CERTIF	STREET ADDRESS:	MAILING ADDRESS: TALLA 99	
S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy AUTHORIZATION BY PHONE TO CORRECT MEMORY WAYNER WINES DATE 10-15-99 INFO	Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327	
S70.00 Filing Fee \$S78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy Certi	Enclosed is a check for the following amount:	→ m ←	The second
DATE 10-15-99 INFL	Richard Greco GAVE Certificate of Status	\$78.75 Filing Fee & Ø \$87.50 Filing Fee, Certified Copy Certificate of Status	&
	DATE 10-15-99 INFL	18 15-6 18 15-6	99

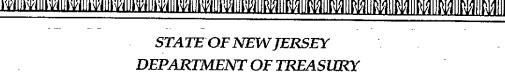
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. Richard W. Greco, CPA & P.C.	, .,== =
(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. NEW JERSEY 3. 22-360 8 9 9 9 (State or country under the law of which it is incorporated) (FEI number, if applicable)	_ :
2. NEW JERSEY (State or country under the law of which it is incorporated) 3. 22-3608999 (FEI number, if applicable)	- •
9	
4. 9\17\98 5. PERPET UAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	⇒arr o
	= 12
6. Upon a un litication	-
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	- week letter
7. PMB 345, 361BI EAST LAKE ROAD	
7. 1 my 315) 50101 -1131 -1110	-
PALM HARBOR, FL 34685 (Current mailing address)	<u> </u>
(Current mailing address)	₹— - ₹· ≛ :
8. FINANCIAL ACCOUNTING AND BUSINESS CONSULTING SERVICES	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
The state of the s	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: Richard W. Greco	
S. P. C.	<u></u>
Office Address: PMB 345, 36181 EASTLAKE ROAD	••••••••••••••••••••••••••••••••••••••
man Tall " L	# <u> </u>
DALM HARBOR, Florida, 34685 PA CO ZIP code)	
(Zip code)	
10. Registered agent's acceptance:	
10. Registered agent's acceptance.	. 17 1.23
Having been named as registered agent and to accept service of process for the above stated corporation at the place design	nated in
this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I juriner agree to a	ompty
with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an	а ассері
the obligations of my position as registered agent.	
funhand Ol hero	
(Registered agent's signature)	
مرا در المسالم المسلم ا	
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	ie law of
which it is incorporated.	

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: Richard W. Greco			
Address: 4253 ELLIN WOOD BLVd.			
PAIM HARBOR, FL 34685			
Vice Chairman:	· <u>-</u>		1 - 72 21
Address:	· · · · · · · · · · · · · · · · · · ·		
:			177
Director:			. <u></u>
Address:	_		
Address.		- 11 - 14	. T. 1 1-
		_ 32.	
Director:			27
Address:	* * <u>*</u>	=======================================	
:			
B. OFFICERS (Street address only - P.O. Box NOT acceptable)			a stationer are
President: Richard W. Greco	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Address: 4253 ELLINWOOD BLVd.			<u> </u>
PALM HARBOR FL 34685			
			
Vice President:	· · · ·		
Address:		9	
	L CC	<u> </u>	
Secretary:	HAS ETA	S T	
Address:	SEE,	-3 F	
Addices.	TIT	₹ D	
	DE CO	<u> </u>	
Treasurer:	٠ . حيو	5 .	
Address:			w
		<u>: !</u>	
: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/	or directors.	Ā.	u Patrinus
0111119		د د فلک د ۱۹۰۹سفیسادی وو	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the approximation)	pplication)		
14. RICHARD W. Greco-Project			: <u></u>
(Typed or printed name and capacity of person signing applicatio	n)		

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SHORT FORM STANDING

RICHARD W. GRECO,CPA,P.C.
With the Previous or Alternate Name

STRATEGIC MANAGEMENT SOLUTIONS

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Professional Corporation was registered by this office on September 17, 1998.

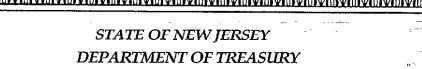
As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Richard W Greco 160 Lawr Penn Rd 16-160 Lawrenceville, NJ 08648

Continued on next page . . .

99 OCT 13 AN 9: 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



RICHARD W. GRECO,CPA,P.C.
With the Previous or Alternate Name
STRATEGIC MANAGEMENT SOLUTIONS

SHORT FORM STANDING



IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal at Trenton, this 5th day of October, 1999

Rdom's mmachels

Roland M Machold Treasurer

99 OCT 13 AN 9: 46
SECRETARY OF STATE
TALLAHASSEE TISTATE