## F99000005341

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Qualification/Tax Lien Section To: -09/13/99--01100--001 Division of Corporations \*\*\*\*\*70.00 PAGER & BEEPER INFORMATION, INC. SUBJECT: (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: TINA CLARK (Name of Person) PAGER & BEEPER INFORMATION, INC. (Firm/Company) 514 SHEATH CIRCLE (Address) 37087 LEBANON, (City/State/Zip) Should you need to call someone concerning this matter, please call: TINA CLARK (Area Code & Daytime Telephone Number) (Name of Person) STREET ADDRESS: MAILING ADDRESS: Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines St. Tallahassee, FL 32314 Tallahassee, FL 32399 Enclosed is a check for the following amount: \$87.50 Filing Fee, □ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & **1** \$70.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy

00789/00103/00044/001009/00720/001071

B0-19-99



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 16, 1999

TINA CLARK 514 SHEATH CIRCLE LEBANON, TN 37087

SUBJECT: PAGER & BEEPER INFORMATION INC.

Ref. Number: W99000021341

We have received your document for PAGER & BEEPER INFORMATION INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The designation of the registered agent must be at a Florida street address

A photocopy of the certificate of existence is not acceptable.

Please return your document, along with a copy of this letter, within 60 document, your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 899A00045628

## 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. PAGER & BEEPER INFORMATION, INC. 1. (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.) (State or country under the law of which it is incorporated) PERPETUAL (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 514 SHEATH CIRCLE 37087 LEBANON, TN (Current mailing address) PROVIDE PAGER AND BEEPER DIRECTORY AND RELATED INFORMAT (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT according to the control of the control TINA CLARK Name: Office Address: PANNONA CITY BCH 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 ac cept the obligations of my position as registered agent.

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.

Registered agent's signature)

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

A. DIRECTO	ORS (Street address only - P.O. Box NOT acceptable)			
Chairman:	Tina Clark			<u> </u>
Address:	514 Sheath Circle			
	Lebanon, TN 37087			
Vice Chairma	n: Dean Pilkinton		-	
Address:	514 Sheath Circle			<u> </u>
	Lebanon, TN 37087			 
Director:	<u> </u>		<del></del>	
Address:				
Director:				
B. OFFICE	ERS (Street address only - P.O. Box NOT acceptable)			- Carlotte and the second seco
President:	Tina Clark		. s=#	
Address:	514 Sheath Circle			
	Lebanon, TN 37087			<del>o, prazir</del> te,
Vice Presiden	nt: Dean Pilkinton	<del></del>	· · · · ·	
Address:	514 Sheath Circle		9 .	
·	Lebanon, TN 37087	ET A	<u>r</u>	
Secretary:			<u> </u>	
Address:			<u>≅</u> D	-1 . ,
		DA FF	<del>\$</del>	<del></del>
Treasurer:				· .
Address:				
NOTE: If no 13.		·	· · ·	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applicat	ion)		•
14	TINA P. CLARK  (Typed or printed name and capacity of person signing application)		•	

. Secretary of State Corporations Section James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

(615) 741-6488

ARTER/QUALIFICATION DATE: 07/01/1999 ATUS: ACTIVE PRORATE EXPIRATION DATE: PERPETUAL

CONTROL NUMBER: 0373388 JURISDICTION: TENNESSEE

INFORMATION INC SHVILLE, TN 37205

BEEPER INFORMATION INC

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"PAGER & BEEPER INFORMATION INC."

INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF O ONDER THE LAW OF THIS STATE WITH DATE
EN ABOVE;
ES OWED TO THIS STATE WHICH AFFECT THE
BEEN PAID;
NOT BEEN FILED; AND

FOR: REQUEST FOR CERTIFICATE

SHVILLE, IN 37221-0000

ON DATE: 07/01/99

DEL E WALLACE WHITE BRIDGE ROAD TE 308

RECEIVED:

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00002516642 ACCOUNT NUMBER: 00199347



RILEY C. DARNELL SECRETARY OF STATE