

F020000004985

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MACBEAN CONSULTING, 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:

ROBERT B. BERNALDES

(Name of Person)

600008124736--7
-10/01/02--01026--002
*****70.00 *****70.00

(Firm/Company)

9727 TOUCH TON ROAD APT# 503

(Address)

JACKSONVILLE, FL 32246

(City/State and Zip code)

For further information concerning this matter, please call:

ROBERT B. BERNALDES

(Name of Person)

at (201) 281-3896

(Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS
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STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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

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. MacBERN CONSULTING, 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. NEW JERSEY 3. 22-3820232
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUG. 9, 2001 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 3 WARWICK CT, RIVER EDGE NJ 07661
(Principal office address)

9727 TOUCHTON RD APT# 503, JACKSONVILLE FL 32246
(Current mailing address)

8. CONSULTING SERVICES (COMPUTER PROGRAMMING)
(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 acceptable)
Name: ROBERT B. BORNHEK
Office Address: 9727 TOUCHTON ROAD APT# 503 JACKSONVILLE, Florida 32246
(City) (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.

[Signature]
(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ROBERT B. BERNALES
Address: 9727 TOUCHTON ROAD APT# 503
JACKSONVILLE, FL 32246

Vice Chairman: _____
Address: _____

Director: MARY JANE M. BERNALES
Address: 9727 TOUCHTON ROAD APT# 503
JACKSONVILLE, FL 32246

Director: _____
Address: _____

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B. OFFICERS

President: ROBERT B. BERNALES
Treasurer
Address: 9727 TOUCHTON ROAD APT# 503
JACKSONVILLE, FL 32246

Vice President: _____
Address: _____

Secretary: MARY JANE M. BERNALES
Address: 9727 TOUCHTON ROAD APT# 503, JACKSONVILLE FL 32246

Treasurer: _____
Address: _____

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

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROBERT B. BERNALES - PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

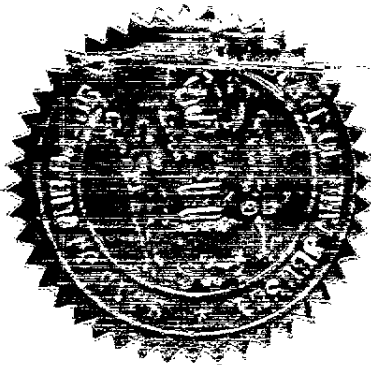
MACBERN CONSULTING, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on August 9, 2001.*

*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:*

Robert B Bernales
30 2nd St Ste 401
Hackensack, NJ 07601



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
16th day of September, 2002

A handwritten signature in cursive script, appearing to read "John E. McCormac".

John E McCormac, CPA
State Treasurer

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