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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
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(Document Number)  Certified Copies Certificates of Status				
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Office Use Only





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ACCOUNT NO. : 072100000032

REFERENCE 835326 7517006
AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE : January 26, 2006

ORDER TIME : 9:21 AM

ORDER NO. : 835326-005

CUSTOMER NO: 7517006

#### FOREIGN FILINGS

NAME: SERVIS ONE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER:

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. SERVIS ONE,	INC.	8 10 m
(Enter name of c	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	BUSINESS IN THE STATE OF FLORIDA.  """COMPANY," "CORPORATION,"  adopted for the purpose of transacting business in Florida)
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2. DELAWARE	3.	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
11-10-2004	5	Perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6.		
	(Current mailing add	dress)
9. Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)
Name:	Corporation Service Company	
Office Address:	1201 Hays Street	
	Tallahassee	, Florida 32301
	(City)	(Zip code)
Having been nam designated in this further agree to c	application, I hereby accept the appoint	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. relative to the proper and complete performance of my duti osition as registered agent.
	Corporation Service Company	

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.

as its agent

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

A. DIRECTORS		DIVISORSTOFICE
Chairman:		OS FED
Address:		OS FEB 2 PM 12: 48
Vice Chairman:		
Address:		
Director: GAGAN SHARMA		
Address: 9901, E. VALLEY RA	ANCH PKWY, STE 2000	, IRVING, TX 75063
Director:		
Address:		
B. OFFICERS  President: Gagan Sharma  9901 E Valley Ranch Pkwy, STE 2000, Irvin	ng, TX 75063	
Vice President: JILL JOHN SON	- SHEELY	
Address: 314, S. FRANKLII	N ST., TITUSVILLE,	PA 16354
Secretary:		
Address:		
Address:		
NOTE: If necessary, you may attach an addendur	η	
13. Signature of Director or Of	now listed in number 12 of the application	n)
14. Gagan Sharma - President/CEO	•	
(Typed or printed name ar	nd capacity of person signing application)	· - <del></del>

## Delaware

PAGE 1

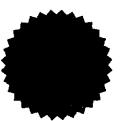
#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SERVIS ONE, INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SERVIS ONE, INC" WAS INCORPORATED ON THE TENTH DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Varriet Smith Hindson

larriet Smith Windsor, Secretary of State

AUTHENTICATION: 4491100

DATE: 02-01-06

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