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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE

SECRETARY OF STATE

of 5/23/00

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COVER LETTER

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SECRETARY OF STATE

TO: New Filing Section Division of Corporations	TALLAMASSEL, FESTI	
SUBJECT: Internation	onal Solutions, INC.	
(Name of corr	poration - must include suffix)	
Dear Sir or Madam:		
	on for Authorization to Transact Business in Florida," ed to register the above referenced foreign corporation to	
Please return all correspondence concerning this	matter to the following:	
Bonnie	J. Mchally	
	ame of Person)	
	al Solutions, INC.	
Tuter national Solutions, INC. (Firm/Company)		
7901 4	(Address) Suite 200	
St. Teter	State and Zip code)	
(City/	State and Zip code)	
For further information concerning this matter, pl	lease call:	
Name of Person) at (77) 577.4785 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person)	Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301	Tununussee, T.D. S2ST	
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$\times \text{\$78.75 Filing Fee & Certificate of Status}	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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.	Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
	IS-Runoff Management, INC.
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2.	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	(Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	4.20.06
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.	2 Farmingdale LANE, Newark, DE 19711 (Principal office address)
	·
	7901 4th St. North Suite 200, St. Petersburg, FL (Current mailing address) 33702
8.	Tour auce Tudustry 3rd Party Administrator (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 NOT acceptable)
	Name: Joseph W. McDally
o	ffice Address: 7901 4th St. North, Suite 200
	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Joseph W. McNally ffice Address: 1901 444 54, North Suite 200 St. Refers burg , Florida 33702 (City) Registered agent's acceptance:
	aving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
fu	orther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
aı	nd I am familiar with and aesept the obligations of my position as registered agent.
	Sould Milly
	(Registered agent's eignature)
1	Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to e Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction
u)	e Department of State, by the Secretary of State of other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

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

A. DIRECTORS
Chairman: Richard M. Newton
Address: H Beechwood Circle
Chadd Ford, PA 19317
Vice Chairman: Joseph W. WcNally
Address: 830 Pinellas Bayway South
Tierra Verde, FL 33715
Director: Charles L. Beale
Address: HOI Harbor Plains Drive #1201
TAMPA FL 33602
Director:
Address:
SARY C
B. OFFICERS President: Richard M. Newton
President: Richard M. Newton
Address: H Beechwood Circle
Chadd Ford, PA 19317
Vice President: Joseph W. McNally
Address: 830 Pinellas Bayway South
Tierra Verde, FL 33715
Secretary: Bourie J. McNally
Address: 830 Pinellas Baymay South, Tierra Verde, FL 33715
Treasurer: Charles L Beale,
Address: Moi Harbor Plains Prive #1201, TAMPA, FL 33602
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. Joseph W. McWally - Coo+CFo (Typed or printed name and capacity of person signing application)



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERNATIONAL SOLUTIONS, 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 FIFTH DAY OF MAY, A.D. 2006.

FILED

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SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4724110

Darriet Smith Windson

DATE: 05-05-06

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