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(Requestor's Name)
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COVER LETTER

TO:		Filing Secti					
SUBJ	ECT:	CASTI	LE RESEA	RCH, I	INC.		
					tion - must in	clude suffix	
Dear S	ir or M	adam:					
"Certif	icate o	f Existence		of Good S	Standing" and	d check are subm	Business in Florida," itted to register the
Please	return	all correspo	ondence concern	ing this ma	atter to the fo	llowing:	
Mich	ael N	Norell					
-			•	Name	of Person		
Cas	tle R	esearc	h, Inc.				
				Firm/C	Company		
304	24 P	oincian	a Road				
				A	ddress		
Big F	Pine	Key, FL	33043				
				City/Sta	te and Zip co	de	
micha	ael@	castlere	search.com				
			E-mail addres	s: (to be us	sed for future	annual report no	tification)
For fur	rther in	formation o	concerning this r	natter, plea	ise call:		
Mich	ael N	lorell		at (323	3 327	-3444	
 ,	Nam	e of Person	!			Daytime Telephor	ne Number
	New Divis Clifto 2661	Filing Sect ion of Corp on Building	orations Center Circle	SS:		MAILING AD New Filing Sect Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
Enclos	sed is a	check for t	he following am	ount:			
5	70.00 F	Filing Fee	S78.75 Filin Certificate	ng Fee & of Status		Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status &

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.

(Enter name of corporation; must incl "Inc.," "Co.," "Corp," "Inc," "Co," or		" "COMPANY," "CORPORATION,"	The same of the sa
(If name unavailable in Florida, enter	alternate corporate name	adopted for the purpose of transacting business	
2. CALIFORNIA	3.	95-4844948	
(State or country under the law of whi		(FEI number, if applicable)	
4. 6 Feb 2001	5.	perpetual	
(Date of incorporation)		(Duration: Year corp. will cease to exist or "	регреtual")
6. 1 Jan 2011			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7, 30424 Poinciana Road, I			
/. <u>00+2+1 Omodila Roda, 1</u>	(Principal office add		
30424 Poinciana Road,	Big Pine Key,	FL 33043	
· · · · · · · · · · · · · · · · · · ·	(Current mailing ad-		· · · · · · · · · · · · · · · · · · ·
		earch & production consulting s	ervices
(Purpose(s) of corporation auth	orized in home state or c	ountry to be carried out in state of Florida)	
9. Name and street address of Florida	registered agent: (P.	D. Box NOT acceptable)	
Name: Michael Nor	ell		
Office Address: 30424 Poinci	ana Road		
Big Pine Key		, Florida 33043	
**************************************	(City)	(Zip code)	

10. Registered agent's acceptance:

CASTI E DESEADOR INC

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.

(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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Douglas Scharmann Address: 30424 Poinciana Road, Big Pine Key, FL 33043 Vice Chairman: Address: **Director: Michael Norell** Address: 30424 Poinciana Road, Big Pine Key, FL 33043 Director: Address: **B. OFFICERS** President: Douglas Scharmann Address: 30424 Poinciana Road, Big Pine Key, FL 33043 Vice President: Address: Secretary: Michael Norell Address: 30424 Poinciana Road, Big Pine Key, FL 33043 Treasurer: Michael Norell Address: 30424 Poinciana Road, Big Pine Key, FL 33043 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Michael Norell, Director-Secretary/Treasurer

(Typed or printed name and capacity of person signing application)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CASTLE RESEARCH, INC.

FILE NUMBER:

C2331240

FORMATION DATE:

02/06/2001

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 03, 2011.

> **DEBRA BOWEN** Secretary of State