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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION

MTS SOFTWARE SOLUTIONS, INC.

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**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. **MTS SOFTWARE SOLUTIONS, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **New Jersey**

(State or country under the law of which it is incorporated)

3. **20-5212335**

(FEI number, if applicable)

4. **July 7, 2006**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **Upon Qualification**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **2100 Park Central Boulevard North, Suite 300, Pompano Beach, Florida 30064**

(Principal office address)

2100 Park Central Boulevard North, Suite 300, Pompano Beach, Florida 30064

(Current mailing address)

8. **Sale of imaging systems.**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

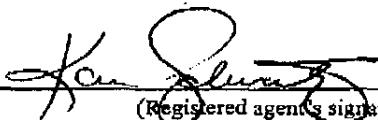
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: **Karen Schwartz**Office Address: **2100 Park Central Boulevard North, Suite 300****Pompano Beach**, Florida **33064**

(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.



(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: Karen SchwartzAddress: 2100 Park Central Boulevard North, Suite 300Pompano Beach, FL 33064

Vice President: _____

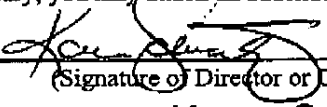
Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. 
(Signature of Director or Officer listed in number 12 of the application)14. Karen Schwartz, President
(Typed or printed name and capacity of person signing application)

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

MTS SOFTWARE SOLUTIONS, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
5th day of May, 2007

Bradley Abelow

Bradley Abelow
State Treasurer

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

MTS SOFTWARE SOLUTIONS, INC.
0100965325

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 July 10, 2006.

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:

*Richard P. Freedman, Esq.
413 Route 70 East
2nd Floor
Cherry Hill, NJ 08034*

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