

C T CORPORATION SYSTE		
Requestor's Name 660 East Jefferson St	reet	139
Address		
Tallahassee, FL 3230	01 (850)222-1092	30000313948377
City State Zip	Phone	-02/18/0001055015 *****70.00 ******70.0
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. XTRAMILE, TNC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", of 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. DELAWARE (State or country under the law of which it is incorporated) 3. Applied For (FEI number, if applicable)
4. FEBRUARY 2000 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6. FEBRUARY 14, ZOOO
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, and 817.155, F.S.) 7. 2315 STIRLING ROAD
T STIRLING KOAD — Ft. LAUDERDALE, FLORIDA 33312 (Current mailing address)
(Current mailing address)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: C T CORPORATION SYSTEM
Office Address: 1200 South Pine Island Road
Plantation , Florida, 33324 (Zip code)
10. Registered agent 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 obligation of my position as registered agent.
C T CORPORATION SYSTEM CO. C.
(Registered agent's signature) LAUREN H. KREATZ. 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 custods of Corporated.

of which it is incorporated.

12. Names and addresses of officers and/or directors: (Str	
A. DIRECTORS (Street address only - P.O. Box N	OT acceptable)
Chairman: DANO STEADMAN	
Address: 173 SOUTH RIVER RAD -	UNIT #2, BEDFORD NH 03110
Vice Chairman:	
Address:	
	00 FEB
Director: Awas CHESS	
Address: 2315 STIRLING ROAD	9
FT. LAUDERDALE FLA 33	3/2
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT a	acceptable)
President: AMOS CHESS	
Address:	· · · · · · · · · · · · · · · · · · ·
Vice President:	
Address:	
Address.	,
Secretary: ROGER M. BARZUN	
1-11	
reasurer: NONE	
Address:	
OTE: If necessary, you may attach an addendum to the ap	plication listing additional officers and/or directors
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(Signature of Chairman, Vice Chairman, or a	my officer listed in number 12 of the application)
A ROSER M. BARRUN	

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "XTRAMILE, 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 SIXTEENTH DAY OF
FEBRUARY, A.D. 2000

Edward J. Freel, Secretary of State

AUTHENTICATION:

0260989

001078150

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DATE: 02-16-00

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