

F00000001955

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: PROVIDER TECHNOLOGIES, INCORPORATED
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert G. Little

(Name of Person)

Provider Technologies, Inc.

(Firm/Company)

P.O. Box 260727

(Address)

Tampa, Florida 33685-0727

(City/State/Zip)

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*****87.50 *****87.50

Should you need to call someone concerning this matter, please call:

at Robert G. Little
(Name of Person)

(813) 889-0323
(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR 31 PM 2:00

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WLF

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.

PROVIDER TECHNOLOGIES INC

1. _____
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or 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 3. EIN 59-3616931
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 8, 1999 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 2000
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P.O. Box 260727, Tampa, Florida 33685-0727
(Current mailing address)

8. Software and Internet Application Consulting
(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 or Mail Drop Box NOT acceptable)
Name: **Darryl Madison**
Office Address: **6912 Shady Place**
Tampa, Florida, 33634
(Zip code)

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00 MAR 31 PM 2:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.
12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable).

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Darryl Madison
Address: 6912 Shady Place
Tampa, Florida 33634
Vice Chairman: Robert G. Little
Address: 6914 Williams Drive
Tampa, Florida 33634
Director: Yvonne Madison
Address: 6912 Shady Place
Tampa, Florida 33634
Director: Curt Long
Address: 20 108th Ave. South
Treasure Island, Florida 33706

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

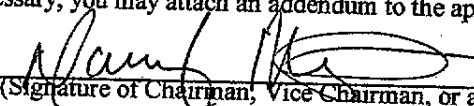
President: Darryl Madison
Address: 6912 Shady Place
Tampa, Florida 33634
Vice President: Curt Long
Address: 20 108th Ave. South
Treasure Island, Florida 33706
Secretary: Yvonne Madison
Address: 6912 Shady Place
Tampa, Florida 33634
Treasurer: Robert G. Little
Address: 6914 Williams Drive
Tampa, Florida 33634

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TALLAHASSEE FLORIDA

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Darryl Madison, Chairman of Board, President
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROVIDER TECHNOLOGIES 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 TWENTY-THIRD DAY OF MARCH, A.D. 2000.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROVIDER TECHNOLOGIES INC." WAS INCORPORATED ON THE EIGHTH DAY OF DECEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID IS THE TWENTY-THIRD DAY OF MARCH, A.D. 2000.

FILED
00 MAR 31 PM 2:04
SECRETARY OF STATE
DELAWARE



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION: 0334948

DATE: 03-23-00