

F00060002425

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

500003225125--3
-04/26/00--01077--004
*****87.50 *****87.50

SUBJECT: EXECUTIVE OUTCOME, INC.
(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:

Pasquale DiPofi, CEO

(Name of Person)

EXECUTIVE OUTCOME, INC.

(Firm/Company)

P.O. Box 66204

(Address)

Roseville, MI 48066

(City/State/Zip)

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

Pasquale DiPofi at (810) 725-3687
(Name of Person) (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

FILED
00 APR 26 AM 2:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

unt
5/2

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

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. EXECUTIVE OUTCOME, INC.

(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. MICHIGAN

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

3. 38-3391155

(FEI number, if applicable)

4. December 17, 1997

(Date of incorporation)

5. Perpetual

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

6. Have not transacted business yet

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

7. P.O. Box 66204

Roseville, MI 48066

(Current mailing address)

8. Security, Personal Protection, Investigations

(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: Pasquale DiPofi

Office Address: 5220 Brittany Drive South, Ste 503

St. Petersburg

, Florida, 33715

(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.

Pasquale DiPofi
(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)

FILED
00 APR 26 AM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Pasquale DiPofi

Address: 47 Crocker

Mt. Clemens, MI 48043

Director: Michael Witte

Address: 47 Crocker

Mt. Clemens, MI 48043

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

President: Pasquale DiPofi

Address: 47 Crocker

Mt. Clemens, MI 48043

Vice President: Michael Witte

Address: 47 Crocker

Mt. Clemens, MI 48043

Secretary: Same as V.P.

Address: _____

Treasurer: Same as President

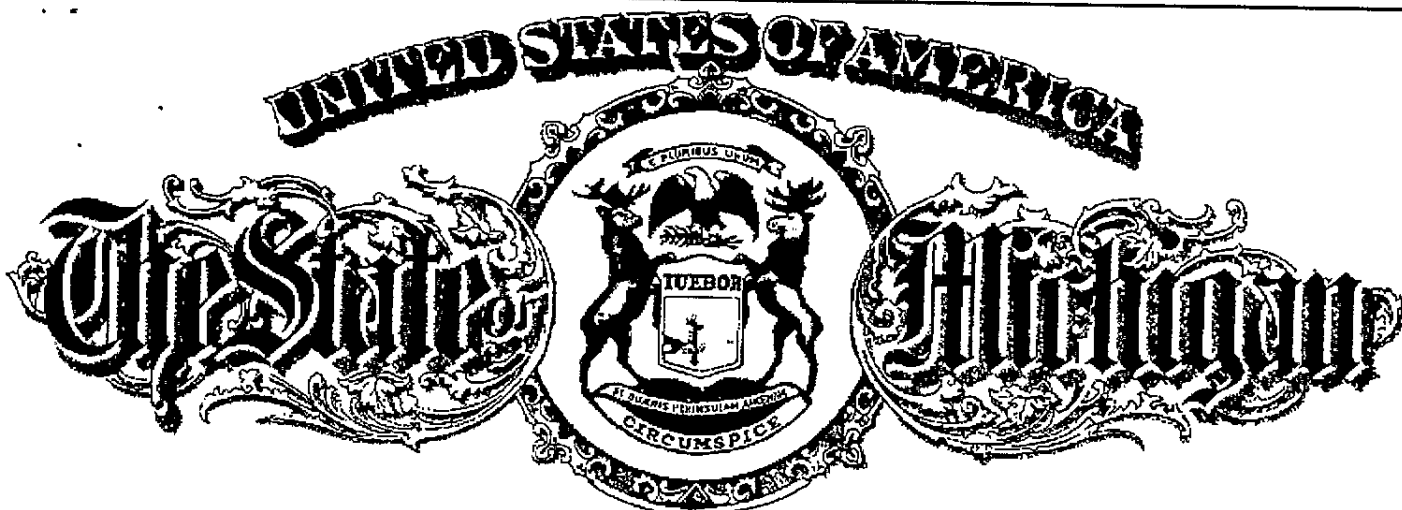
Address: _____

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

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

14. Pasquale DiPofi, CEO
(Typed or printed name and capacity of person signing application)

FILED
00 APR 26 PM 2:23
TALLMASTON, FLORIDA
SECRETARY OF STATE



Lansing, Michigan

This is to Certify That

EXECUTIVE OUTCOME, INC.

was validly incorporated on December 17, 1997, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing in this office as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose. It is in the usual form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

FILED
00 APR 20 23
SECRETARY OF STATE
JAN 10 1998

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 19th day of April, 2000.

, Director

173 0490312

Corporation, Securities and Land Development Bureau

F00060002425

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

500003225125--3
-04/26/00--01077--004
*****87.50 *****87.50

SUBJECT: EXECUTIVE OUTCOME, INC.
(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:

Pasquale DiPofi, CEO

(Name of Person)

EXECUTIVE OUTCOME, INC.

(Firm/Company)

P.O. Box 66204

(Address)

Roseville, MI 48066

(City/State/Zip)

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

Pasquale DiPofi at (810) 725-3687
(Name of Person) (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

FILED
00 APR 26 AM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

untn
5/2

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

**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. **EXECUTIVE OUTCOME, INC.**

(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. **MICHIGAN**

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

3. **38-3391155**

(FEI number, if applicable)

4. **December 17, 1997**

(Date of incorporation)

5. **Perpetual**

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

6. **Have not transacted business yet**

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

7. **P.O. Box 66204**

Roseville, MI 48066

(Current mailing address)

8. **Security, Personal Protection, Investigations**

(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: **Pasquale DiPofi**

Office Address: **5220 Brittany Drive South, Ste 503**

St. Petersburg, Florida, **33715**

(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.

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

FILED
00 APR 26 AM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Pasquale DiPofi

Address: 47 Crocker

Mt. Clemens, MI 48043

Director: Michael Witte

Address: 47 Crocker

Mt. Clemens, MI 48043

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

President: Pasquale DiPofi

Address: 47 Crocker

Mt. Clemens, MI 48043

Vice President: Michael Witte

Address: 47 Crocker

Mt. Clemens, MI 48043

Secretary: Same as V.P.

Address: _____

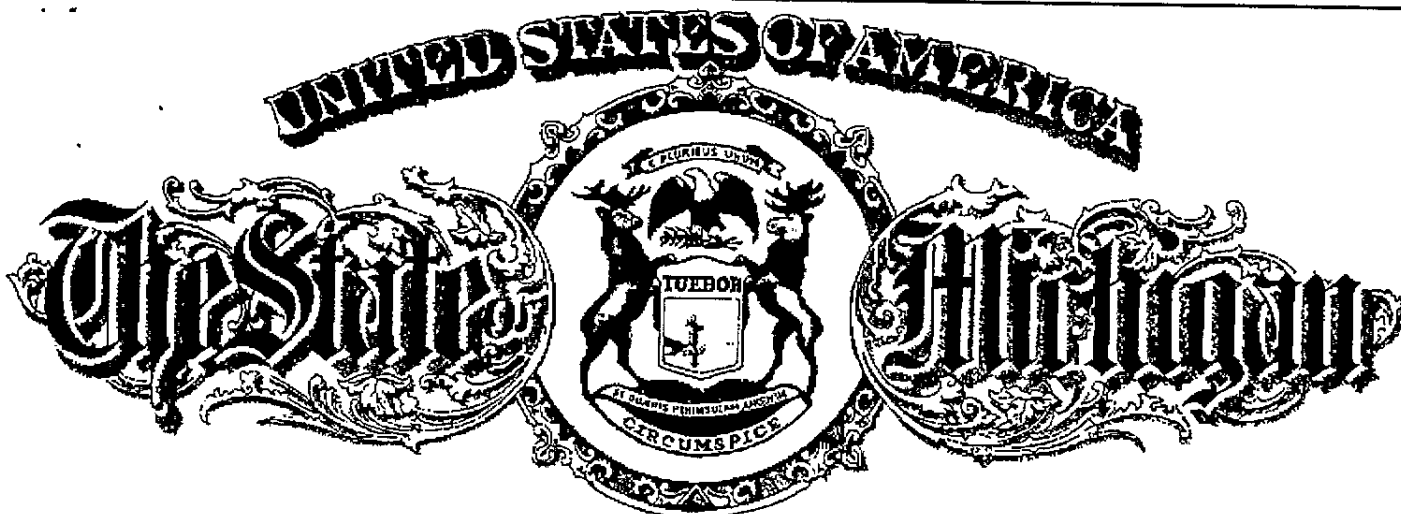
Treasurer: Same as President

Address: _____

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

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

14. Pasquale DiPofi, CEO
(Typed or printed name and capacity of person signing application)



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

EXECUTIVE OUTCOME, INC.

was validly incorporated on December 17, 1997, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing in this office as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose. It is in the usual form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

FILED
00 APR 23
SEAL
TALAMIA
DATE
KINDA

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 19th day of April, 2000.

, Director

173 0490312

Corporation, Securities and Land Development Bureau