## F000000002425

#### TRANSMITTAL LETTER

	ification/Tax Lien Section tion of Corporations	<u>=</u> , <u>;</u>	00002225125
CX ID IT OW	PYPARTUR OFFICER +	· a	******87.50 *****
SUBJECT: _	EXECUTIVE OUTCOME, IN	ration - must include suffix)	<u> </u>
	(Traine of corpor	ration - must include surfix)	
Dear Sir or M	ladam:		
"Certificate o	"Application by Foreign Corporation f Existence", and check are submitted siness in Florida.	for Authorization to Transacto register the above referen	ct Business in Florida", aced foreign corporation
Please return	all correspondence concerning this ma	atter to the following:	
	Pasquale DiPofi, C	EO	
	(Name	e of Person)	
	EXECUTIVE OUTCOME,	INC.	
	(Firm/	/Company)	
	P.O. Box 66204		
	(A	ddress)	· · · · · · · · · · · · · · · · · · ·
	Roseville, MI 480	66	
	(City/	/State/Zip)	
	eed to call someone concerning this ma	atter, please call:	FILI 00 APR 26 SECRETIST ALLAHASSE
Pasquale		) 725-3687	माट । भि
(Nam	e of Person) (Are	ea Code & Daytime Telepho	one Number) 22 23
STREET AD	DRESS:	MAILING ADDRESS	<b>:</b>
Qualification/7 Division of Co 409 E. Gaines Tallahassee, Fi	St.	Qualification/Tax Lien Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a c	heck for the following amount:		
□ \$70.00 Filir	ng Fee	S78.75 Filing Fee & Certified Copy	XI \$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.

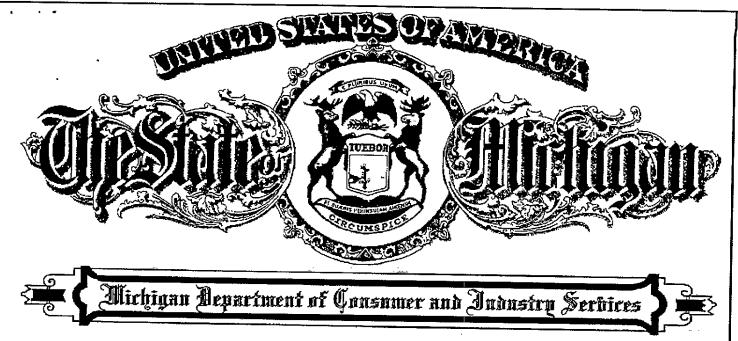
1. EXECUTIVE OUTCOME, INC.	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	; <del>***</del>
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. <u>December 17, 1997</u> 5 Perpetual	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. Have not transacted business wet	
6. Have not transacted business yet (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
D C D C C C C C C C C C C C C C C C C C	
7. P.O. Box 66204	Tax.
Roseville, MI 48066	
Roseville, MI 48066 (Current mailing address)	=
(Outlook making addless)	
8. Security, Personal Protection, Investigations	
(Furpose(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 26	
Office Address: 5220 Brittany Drive South, Ste 503	
St. Petersburg Storie 33715	
St. Petersburg , Florida, 33715	
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 the obligations of my position as registered agent.	

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: N/A	
Address:	
/ice Chairman: N/A	
Address:	
Director: Pasquale DiPofi	
Address: 47 Crocker	
Mt. Clemens, MI 48043	
Director; Michael Witte	
Address: 47 Crocker	
Mt. Clemens, MI 48043  3. OFFICERS (Street address only - P.O. Box NOT acceptable)	
resident: Pasquale DiPofi	>E 0
Address: 47 Crocker	
Mt. Clemens, MI 48043	
Vice President Chael Witte	
Address: 47 Crocker	13 2 C
Mt. Clemens, MI 48043	2: 2: 7/1E 9/9/9/
ecretary: Same as V.P.	
Address:	
reasurer: Same as President	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additiona	al officers and/or directors.
3. Signature of Chairman, Vice Chairman, or any officer listed in number	L 12 a Falso and Lastinu
December 1 - Direction of the control	per 12 of the application)
4. Pasquate DiPort, CEO  (Typed or printed name and capacity of person sign	ning application)

₹:



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.

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.

Angle , live , Director

Corporation, Securities and Land Development Bureau

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# F00000002425

#### TRANSMITTAL LETTER

		on/Tax Lien f Corporation				5000 -0 *	9/3/2/5/ 4/26/06-51 *****87.50	125- 10770
SUBJECT	r: EX	ECUTIVE	OUTCOME,	INC.				-3311-1-1-1-1
JUDILOI	·				n - must include su	ffix)		<del></del>
Dear Sir o	or Madan	ı:						
"Certificat	te of Exi				Authorization to Tregister the above re			
Please rett	urn all co	rrespondence	e concerning thi	s matter	to the following:			
		Pasqua!	le DiPofi,	CEO				
	-		1)	Vame of	Person)			
	_	EXECUT	EVE OUTCOM	Æ, I	NC.			
			(H	irm/Cor	npany)			
	_	P.O. Bo	ox 66204					
				(Addr	ess)			
		Rosevil		18066				
			(	City/Sta	te/Zip)		≓.o ∈	>
Should yo	ou need to	o call someon	ne concerning th	is matte	r, please call:		ALTAINS.	FILED
Pasqua			at ( <u></u>		) 725-3687		11 =-	
(1	Name of	Person)		(Area C	Code & Daytime Te	lephone Nur	25 r	
STREET	ADDRE	SS:			MAILING ADD	RESS:		
Qualificat Division o 409 E. Gai Tallahasse	of Corpor lines St.				Qualification/Tax Division of Corpo P.O. Box 6327 Tallahassee, FL 3	rations	•	th 1/2
Enclosed i	is a checl	for the follo	wing amount:					
□ \$70.00	Filing F		3.75 Filing Fee & ertificate of Stat		\$78.75 Filing Fee Certified Copy	C	7.50 Filing Fee ertificate of St ertified Copy	

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

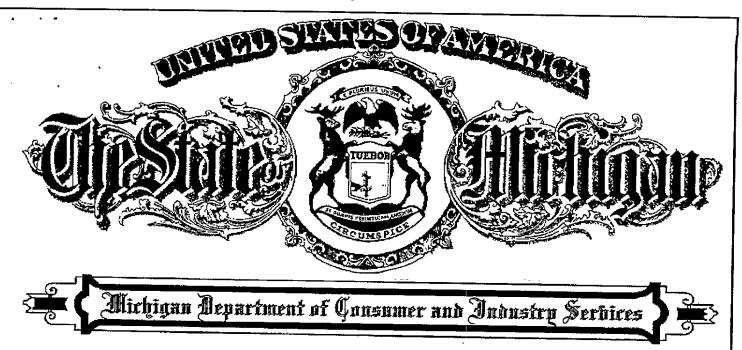
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. EXECUTIVE OUTCOME, INC.  (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	<u>.</u> . –
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 3. 38-3391155	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	ī
4. <u>December 17, 1997</u> 5. <u>Perpetual</u>	
(Date of incorporation) (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	٠.
Roseville, MI 48066 (Current mailing address)	
(Current maning address)	
8. <u>Security, Personal Protection, Investigations</u>	
(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.	

- 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)

Chairman: N/A	
Address:	and the second s
Vice Chairman: N/A	and the second s
Address:	
Director: Pasquale DiPofi	
Address: 47 Crocker	
Mt. Clemens, MI 48043	
Director: Michael Witte	
Address: 47 Crocker	
Wh	
President: Pasquale DiPofi	
Address: 47 Crocker	7-23
Mt. Clemens, MI 48043	
Vice PresiMichael Witte	TALL N
Address: 47 Crocker	
Mt. Clemens, MI 48043	<u> </u>
Secretary: Same as V.P.	
Address:	
Treasurer: Same as President	<u> </u>
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addit  3. Passage Difference of Chair Nife Chairman and Chair	
(Signature of Chairman, Vice Chairman, or any officer listed in n  4. Pasquale DiPofi, CEO	••
(Typed or printed name and capacity of person	cioning analization)

and the same of the same of



Lansing, Michigan

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, Director

Corporation, Securities and Land Development Bureau

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