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FOREIGN PROFIT QUALIFICATION

Productaware, Inc.

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 10, 2000

RUDEN MCCLOSKY SMITH SCHUSTER & RUSSELL PA

SUBJECT: PRODUCTAWARE, INC.

REF: W00000012279

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Shawn Logan Document Specialist FAX And. #: H00000025956 Letter Number: 700A00026237

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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: Productaware, The. (Name of corporation - must incl.)	ude suffix)
Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization "Certificate of Existence", and check are submitted to register the a to transact business in Florida.	
Please return all correspondence concerning this matter to the following the second return all correspondence concerning this matter to the following this matter than the following the following this matter than the following the following this matter than the following the foll	
Ruden, McClosky, Smith, Schuster (Firm/Company)	& Russell, P.A.
222 Lakeview Avenue, Suite 800 (Address)	
West Palm Beach, Florida 33401 (City/State/Zip)	
Should you need to call someone concerning this matter, please	eall:
Keith A. James, Esq. at (561) 838— (Name of Person) (Area Code & I	Daytime Telephone Number)
STREET ADDRESS:	ication/Tax Lien Section
Qualification/Tax Lief Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	on of Corporations Sex 6327 passee, FL 32314
Enclosed is a check for the following amount:	- cor so tiling Fee
- egg 75 Filipa Fee & 🔟 \$78.7	5 Filing Fee & S87.50 Filing Fee, Certificate of Status & Certified Copy

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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. Productavare, 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.)	
and the problem of particular in a second of the particular in the	
2. <u>Delaware</u> 3. <u>65_1003449</u>	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 4/14/2000 5. Perpeinal (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. 4/14/2000 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. 6845 Blue Bay Circle	
Lake Worth, Florida 33467 (Current mailing address)	
(Current maning sources)	
8. Technology (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: Corporate Creations International, Inc.	7]
Office Address: 941 Fourth Street, #200	LEU
Miami Beach , Florida, 33139 , S C (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.	
Ad Plans VICE PRESIDENT	
(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)

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MAX-08-00 10:57 FROM: RUDEN McCLOSKY PA

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a. Directy	ORS (Street address only - P.O. Box NOT acceptable)		
Chairman:			
Address			
Vice Chairm			
Address:			
· ·		·	
Address			je w ***
Director: _			
Address:		<u> </u>	
B OEEIC	ERS (Street address only - P.O. Box NOT acceptable)		
	Somil Satyamarti		•
	6845 Blue Bay Circle		i
	Isks Worth, Florida 33436	*** ** ***	•
_	of Floyd Simpson	<u> </u>	3
	92 Swallow Drive	<u> </u>	X)
	Boynton Beach, Florida 33436)
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NOTE: U	Toccessery, you may arrach an addenation to the application listing additional officers and/or dissertors.		
13.	X a Kar A		_
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14	Mr. Suntl Satymenti, President (Typed or primed name and capacity of person signing application)		-

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 "PRODUCTAWARE, 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 EIGHTH DAY OF MAY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRODUCTAWARE, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF APRIL, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE:



Edward J. Freel, Secretary of State

AUTHENTICATION:

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DATE:

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