

TRANSMITTAL LETTER

To: Registration Section Division of Corporations	
SUBJECT: INFANTVIEW INCORPORATED	· ·
(Name of corporation - must include suffix)	
Dear Sir or Madam:	197
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Flor "Certificate of Existence", and check are submitted to register the above referenced foreign corporations transact business in Florida.	A Comment
Please return all correspondence concerning this matter to the following: DENNIS H. Menefee 3000324= OS/08/00- (Name of Person)	
DENNIS H. Menefee 300003243	8 1 9 3 18 01126 - 013 ± ******87 - 50
(Name of Person) ************************************	· · www.nenOlscoo
INTANTVIEW INCORPORATES	·
(Firm/Company)	_ 0
(Address) LONGWOOD , FLORIDA 32750 (City/State/Zip)	
(Address)	
LONGWOOD, FLORIDA 32750	\$ \$\frac{1}{2} \frac{1}{2} \fr
(City/State/Zip)	200 A
	ANIO: 53
Should you need to call someone concerning this matter, please call:	S = -
DENNIS # MENEFEE at (407) 831 - 4100 # 13) (Name of Person) (Area Code & Daytime Telephone Number)	<u>!</u>
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Division of Corporations AND F. Gringe St. P.O. Box 6327	
409 E. Gaines St. Tallahassee, FL 32399 Tallahassee, FL 32314	er.
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status	e of Status &

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. INTANTVIEW 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. De IAWARE

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

4. MARCH 23, 2000

(Date of incorporation)

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) a. 477 Commerce WAy, Suite 101, Longwood, FL 32750

(Principal office address)

b. 477 Commerce WAy, Suite 101, Longwood, FL 32750

(Current mailing address) 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: DENNIS H MENEFEE (PRESIDENT) Office Address: 477 Commerce WAy \$101

Longwood, Florida \$32750

(Zin 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 business addresses of officers and/or directors: A. DIRECTORS MENEFEE Chairman: DEER Points Circle Address: - DER24 MENEFEE Address: 350 FL. 32707 CASSEL BERRY, Director: Address: Director: Address: B. OFFICERS MENEFEE DENNIS H POINTE DEER CASSELBERRY, FL. 32707 MENEFEE Vice President: MEREATH Address: 350 DEER MENEFEE Circle FL. 32707 MASSEL BERRY Address: 350 DEER NOTE: If necessary, you may attach an adder dum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 1 FNEFEE

(Typed or printed name and capacity of person signing application)

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INFANTVIEW, INCORPORATED" 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 FIRST DAY OF MAY, A.D.

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001219274



Edward J. Freel, Secretary of State

AUTHENTICATION:

05-01-00

DATE: