F00000002820

TRANSMITTAL LETTER

Fo: Qualification/Tax Lien Section Division of Corporations		
SUBJECT: NO BOUNDARIES, INC.		
(Name of corporation	- must include suffix)	
Dear Sir or Madam: 00789-00310-00	0671	MJH
The enclosed "Application by Foreign Corporation for A "Certificate of Existence", and check are submitted to re to transact business in Florida.	authorization to Transact Business in gister the above referenced foreign of	a Florida", corporation
Please return all correspondence concerning this matter to the property of the	-84/11/0 *****87 Person)	_
(3639 SOUTHFOINT PROJECT FL 3 (City/State	104 SUTTE 104 (88)	· 10 et 20
Should you need to call someone concerning this matter	, please call:	
(Name of Person) at (904) (Area C) 🔰 ८५७ - ७ ५५ प् lode & Daytime Telephone Number)	Se Se
STREET ADDRESS:	MAILING ADDRESS:	
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	WHII: 106
Enclosed is a check for the following amount:	,	
	Certified Copy Certifi	Filing Fee, icate of Status & led Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 17, 2000

ROBERT G. HALL NO BOUNDARIES, INC. 6639 SOUTHPOINT PARKWAY, SUITE 104 JACKSONVILLE, FL 32216

SUBJECT: NO BOUNDARIES, INC. Ref. Number: W00000010049

We have received your document for NO BOUNDARIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 000A00020920

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Dennis K	· Stemmle	, do hereby certify	र . संस्था
that this Resolution of the Board of		_	
(Con a corporation duly organized and e	porate Name) xisting under the laws of t	he State of Delaware.	n Katalian Line
was duly adopted on Septe			·
Be it resolved, thatNOBe	Undaries, Inc. (Corporate Name)		Marco and Canada
organized and existing in the State	of Delaware	, hereby adopts the name	
NO Boundaries	B2B Corp.	for use in Florida.	स्पट्ट क
Dated: 5 9 00 Signature of either	er Chairman, Vice Chairman or	any officer	· - •··-
Dennis K.	Stemmle Chair m	an of the Board	gr etit.

INHS19(1/00)

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. NO BOUNDARIES THE.

(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.) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 6639 SOUTHPOINT PARKINGY, SUITE \$ 104

TRICKSONVILLE, FL 33216

(Current mailing address) 8. C- Connecte Solution Provider Via the Tate cret.

(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: PORERT G. HALL 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.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: Densils K. Stermine
Address: Lolo39 SOUTHPOINT PARKWAY, SVITE 104
JACKSONVILLE FL 32216
Director Bobby Leopold
Address: 6639 Southpoint Parkway Ste 104
Jacksonville, FL 32216
Director: BRIAN G. BARNES
Address: LOLOZA SONT HPOINT PARKINGY SVITE 104
JACKSONVINE FL 32216
Director: MARC JOHNSON
Address: 6639 SOUTHPOUNT PARKINAY SOME 104
,
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: DENNIS K. STEMMLE (ALSO CHIEF EXECUTIVE OFFICER)
Address: 61039 SOUTHPOINT PARKWAY, SWITE 104
JACKSONVILLE FL 32216
Vice President: BRIAN G. BARNES (ALSO CHIEF GPERATING GFFICER)
Address: 6639 SOUTHPOINT PARKWAY SHITE 104
JACKSONVILLE FL 32016
Secretary: ROBERT 6. HALL
Address: 6639 SOUTHPOINT PARKWAY SUITE 104
JACKSONVILLE FL 32216
Treasurer: ROBSET G. HALL (ALSO CHIEF FINANCIAL OFFICER)
Address: 61039 SOUTHROLLT PARLEWBY SUITE 104
JACKSONVILLE FL 32216
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. ROBERT (r. HALL, CFO + SECRET FRY (Typed or printed name and capacity of person signing application)
(Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NO BOUNDARIES, 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 THIRD DAY OF APRIL, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Edward J. Freel, Secretary of State

3052890 8300

AUTHENTICATION:

0356472

001168200

DATE: 04-03-00

F00000002820

TRANSMITTAL LETTER

Division of C	Tax Lien Section orporations		
SUBJECT: NO	BOUNDARIES, INC		
		ration - must include suffix)	
Dear Sir or Madam:	00789-00310-	00071	MJH
The enclosed "Application "Certificate of Existent to transact business in	ation by Foreign Corporation ace", and check are submitted Florida.	for Authorization to Transa to register the above referen	ct Business in Florida", nced foreign corporation
	Spondence concerning this ma	i} }}	00032045731 -04/11/0001131006 ******87.50 *****87.50
<u>_N</u>	O Boundances, J	Company)	W-10049
<u>(</u>	A SOUTHPOINT	PARYWAY, SULTS	- 104
	ACKSONNILE, FL (City)	多分し State/Zip)	
Should you need to cal	l someone concerning this ma	atter, please call:	
ROBERT (.	Han at (90	4) 296-7444	
(Name of Pers	on) (Are	ea Code & Daytime Telepho	A LT Constant
STREET ADDRESS:		MAILING ADDRESS	100 military
Qualification/Tax Lien Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399	as	Qualification/Tax Lien Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	is ANE
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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 17, 2000

ROBERT G. HALL NO BOUNDARIES, INC. 6639 SOUTHPOINT PARKWAY, SUITE 104 JACKSONVILLE, FL 32216

SUBJECT: NO BOUNDARIES, INC. Ref. Number: W00000010049

We have received your document for NO BOUNDARIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 000A00020920

RESOLUTION OF BOARD OF DIRECTORS (Please print or type)

I, the undersigned Dennis K. Stemmle, do hereby certify (Name)	
that this Resolution of the Board of Directors of NO Boundaries, Inc.	
(Corporate Name)	
a corporation duly organized and existing under the laws of the State of Delaware	_,
was duly adopted on September 15 ,20 1999	_•
Be it resolved, that NO Bandaries, Inc. (Corporate Name)	_,
organized and existing in the State of Delaware, hereby adopts the name	<u>}</u>
NO Boundaries B2B Corp. for use in Florid	a.
Dated: 5 9 00 Signature of either Chairman, Vice Chairman or any officer Decoys K. Strombe. Closus man acc Time R	

Type or print Name

INHS19(1/00)

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. NO BOUNDARIES 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.)
natural person of partitership it not so contained in the name at present.)
2. DELANGE 3. 65-6930928 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Chil99 5. PERPETURE (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPan Puthoenstion to Transact Business in Figure 10 F
7. 6639 SOUTHPOUNT PARKEYRY, SUITE # 104
Tague E. Sagu
Track Sonville, FL 33316 (Current mailing address)
(Current marring 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: Poser G. Hall
ar = 1
Office Address: 6639 Southern PARKWAY #104
TACKSONVILLE, Florida, 33316 (Zip code) 5
(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 are relative to the proper and complete performance of my duties, and I am familiar with and accept
he obligations of my position as registered agent.
Robert S. H. Il

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

which it is incorporated.

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: Densus K. Stemme
Address: 6639 SONTHPOINT PARKWAY SVITE 104
JACKSONVILLE FL 32016
Director Vir Chairman: Bobby Leopold
Address: 6639 Southpoint Parkway Ste 104
Jackspaville, FL 32216
Director: BRAN G. BARNES
Address: Loloza Sout HPOINT PARKINGY SVITE 104
JACKSONVILLE FL 32216
Director: MARC JOHNSON
Address: 61039 SOUTHPOINT PARKWAY SUITE 104
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: DENNIS K. STEMMLE (ALSO CHIEF EXECUTIVE OFFICED)
Address: 6639 SOUTHPOINT PARKWAY, SWITE 104
JACKSONVILLE FL 32216
Vice President: BRIAN G. BARNES (ALSO CHIEF GPERATING GFFICER)
Address: 6639 Southpown PARKWAY SHITE 104
- IACKSOMVILLE FL 32216
Secretary: ROBERT 6. HALL
Address: 6639 SOUTHPOINT PARKWAY SUITE 104
JACKSONVILLE FL 32216
Treasurer: ROBERT G. HALL (ALSA CHIEF FINANCIAL OFFICER)
Address: 61039 SOUTHFOINT PARILWAY SOITE 104
JACKSONVILLE FL 32216
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Choirman View Choirman Vi
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Robert Grand CFo + Secretary
14. KOBERT (T. HALL, CFO + SECRET PRY (Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NO BOUNDARIES, 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 THIRD DAY OF APRIL, A.D.
2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Edward J. Freel, Secretary of State

AUTHENTICATION:

0356472

001168200

3052890 8300

DATE:

04-03-00