FOO COCOCO 3526 KEY INVESTMENT, INC.

601 SECOND AVENUE SOUTH SUITE 5200 US BANK PLACE MINNEAPOLIS, MINNESOTA 55402 TEL 612.333.6700 FAX 612.333.6708 PAM SCHINDLER EXECUTIVE ASSISTANT

June 15, 2000

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

ComputerUser.com Inc.

500003295925---1 -06/19/00--01126--009 ******70.00 ******70.00

Dear Sir/Madam:

Enclosed herein for filing is an Application by Foreign Corporation for Authorization to Transact Business in Florida, the filing fee in the amount of \$70.00, and a Certificate of Good Standing from the State of Minnesota.

Please feel free to contact me at 612-370-1748 with any questions you may have. Your attention to this matter is greatly appreciated.

Sincerely,

Pamela Schindler Executive Assistant

PS:hs

Enclosures

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6/22

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: Computer USer. com Ir (Name of corporatio	<u>C.</u>
(Name of corporatio	n - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to r to transact business in Florida.	
Please return all correspondence concerning this matter	to the following:
Charles F.	Thell
(Name of	
Computer USET- (Firm/Com	on Irc.
	<u> </u>
LOO Second Avenue (Addi	South, Suite Saco
Minney Rolls Minn	ess) 5540.2 ESCATO 5540.2
Minneapolis, Minn (City/Sta	te/Zip)
Should you need to call someone concerning this matte	r. please call:
(Name of Person) at (L12)	333-6700
(Name of Person) (Area	Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Qualification/Tax Lien Section	Qualification/Tax Lien Section
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\sigma\$ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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. omputer/Kerican 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.) Minnesota
(State or country under the law of which it is incorporated)

3. 41-943606
(FEI number, if applicable) 4. June 24, 1999
(Date of incorporation)

5. Description: Year corp. will cease to exist or "perpetual") 6. Upon Quelification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. bol Second Avenue South, Suite 5200, minneapolis, MN 53402 (Current mailing address) (Purpose(s) of corporation authorized in homestate 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) 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. Michele R. Justesen, Assistant Secretary 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. DIREC	TORS (Street address only - P.O. Box NOT acceptable)
Chairman:	,
Address: _	
— Vice Chairr	nàn:
Address: _	
— Director: _	Varre K-opperman
Address: _	Lai Second Avenue South, Suite SDO , Minneapolis, MN 55400
_ Director: _	
Address: _	
00	CERS (Street address only - P.O. Box NOT acceptable)
Address: _	Vance K. Opper man Low second Avenue South, Suite 5200, Mioneapolis, minimesota 55402
Vice Presid	ent:
Address: _	
Secretary:	Charles F. Thell
Address: _	601 Second Avenue South, Suite 500, Minneapolis, Minnesota 55400
- Treasurer:	
Address: _	
NOTE: If	f necessary, you may aftack an addendum to the application listing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	(Typed or printed name and capacity of person signing application)

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

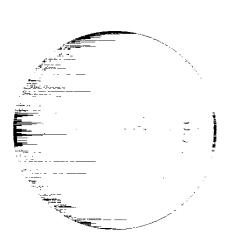
Name: ComputerUser.com Inc.

Date Formed: 06/24/1999

Chapter Governed By: 302A

This certificate has been issued on 04/03/00.

SECRETARY CANADAS SECRETARY OF THE BUILDING SECRETARY CONTRACTOR OF THE BUILDING SECR



Mary Kiffneyer Secretary of State.