

C1 Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

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CORPORATION(S) NAM	æ	ককককক (U_UU)	
PowerPrise, Inc.			
(x) Profit () Nonprofit	() Amendment	() Merger	PM 1: 50
(x) Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	50
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC	
(x) Certified Copy	() Photocopies	() CUS	
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	
Name Availability	07/18/00	and a second of the second	·
Document ExaminerUpdater	·· »		
Verifier Acknowledgement W.P. Verifier	DEPARTMENT OF STATE MVISION OF CORPORATIONS MVISION OF CORPORATIONS	BIC	-

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BECEINED

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	PowerPrise, Inc.						
1.	(Name of corpor	ation; must include the word "INC iations of like import in language a r partnership if not so contained in	s will clearly indi	cate mat it is a corpe	RPORATION" or ration instead of a	00 JUL 18 PM 1:50	٠, ٠
				Applied for		6 G	000
Ź.	Delaware	C 1111111			iber, if applicable)		2
	(State or country	under the law of which it is incorp		(x 151 man	,, of the same of the		7
4.	6/19/00		5. perpetual	***		<u></u>	
	(Date	e of incorporation)	(Duration	n: Year corp. will ce	ase to exist or "perpetual	0	
6	Upon Qualifica	ation					
v.	(Date first	transacted business in Florida.) (Ś	EE SECTIONS	507.1501, 607.1502 :	ınd 817.155, F.S.)		
		30, Mendoza (5500), Argentina					
7.	23 de Mayo 10.	50, Nichtobe (55 00), 1280111					,
	1 1 -4 7			<u> </u>	·		;
		(Current r	nailing address)				
8.	Application Se	rvice provider			atita of Florida)	 - <u>-</u>	
	(Purpose	(s) of corporation authorized in hor	ne state or countr	y to be carried out if	, State of Piorida)		
_	Nous and sh	reet address of Florida registe	red agent: (P.	O. Box or Mail Dr	op Box <u>NOT</u> acceptab	ole)	
9	. Name and su	leet additess of Plotida Logisti	,200 mg (- ·		_		
	Name:	C T Corporation System		TP\$-			
		anno o at mt - Yalaa I Danii					
C	Office Address:	1200 South Pine Island Road		······································	CARLEST CO.		
		Plantation		, Florida, <u>3332</u> 4	<u> </u>		
	·	Z Jugarenson		, Florida, <u>33324</u> (Zip cod	le)		_
1	0. Registered	agent's acceptance:					
		ned as registered agent and to acce		acce for the above St	ated cornoration at the	place designated i	n
1	Having been nam	ned as registered agent and to acce I hereby accept the appointment a	ept service oj pro s registered agen	tland agree to act in	this capacity. I further	agree to comply	
1	with the provision	ns of all stabilles helative to the pro	per and complet	performance of my	duties, and I am famili	iar with and accep)£
i	the obligations of	f my position às régistered agent.		Monal			
		C T Corporation System	V = V = V	• • • •	NASEEM A.	-	
		(Regist	tered agent's sign	ature)	SPECIAL ASST.	SECRETARY	
					. daliana, of this smaller	ation to the	
	11. Attached is a	certificate of existence duly author	nticated, not more	e than 90 days prior t	o denvery of this applied e records in the jurisdicti	ion under the law	of

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)
FL019 - 9/2/99 CT System Online

	COLORS (Street address only - P.O. Box NOT	acceptable)		ć				
Chairma	n: Edgar William Vidable	<u> </u>	425	<u> </u>			9.	
Address:	25 de Mayo 1630, Mendoza (5500), Argentina	<u> </u>	i	<u> </u>		9		
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Director:	Roberto De Rossetti	4		. ji sare	,			
Address:	25 de Mayo 1630, Mendoza (5500), Argentina	7.					 -	 ,
				#cap. a. 55,			<u> </u>	19.31
Director	Luis Sanchez	<u>* </u>	-	<u> </u>	<u>-</u>	· 		 -
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	CERS (Street address only - P.O. Box NO	· ·						<u>.</u> • £ .
President:	Edgar William Vidable	<u> </u>	<u>.</u>	say maken		. <u>#1</u> -		_ <u>_</u>
Address: 2	25 de Mayo 1630, Mendoza (5500), Argentina							; t
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Vice Presid	lent: Roberto De Rossetti	<u>and the state of </u>	<u> </u>	<u> </u>	: ,-			된 교훈 -
				1,3-1 - 1 - 1,			<u> </u>	
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Secretary:	Edgar William Vidable	·			-	,		· •••
Address: 2	5 de Mayo 1630, Mendoza (5500), Argentina		<u> </u>			<u> </u>	<u> </u>	4 = 1
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Treasurer: _	3	_ ku			-	7 Z -		
Address: _	1	···						: · · · 조.
· -		1					 -	_,25 13
NOTE: If:	necessary, you may attach an addendium to the ar	1				<u> </u>	<u> </u>	
13.		plication listing add	litional of	ficers and/or d	irectors.			
	(Signature of Chairman, Vice Chairman, or	any officer listed in	number	12 of the1:			<u>=-1:-</u> + 1.	· +
14	Edgar William	C. A.	Lantoer .	' ' '	_	t		
	(Typed or printed name at	nd capacity of perso	n signing	application)	· Hew	<u> </u>	<u> </u>	- <u>.</u>

State of Delaware Office of the Secretary of State

PAGE I

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POWERPRISE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND ISOIN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JULY A.D. 2000.

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

NAME OF THE PARTY OF THE PARTY

Edward J. Freel, Secretary of State

AUTHENTICATION:

0558133

DATE:

07-14-00

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