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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Convizion, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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-08/30/00--01074--003
*****78.75 *****78.75

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Scott W. Hoffman

(Name of Person)

Rodriguez & Angelo, P.A.

(Firm/Company)

333 North New River Drive East, Suite 4000

(Address)

Fort Lauderdale, FL 33301

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 AUG 30 PM 5:00

FILED

Should you need to call someone concerning this matter, please call:

Scott W. Hoffman

(Name of Person)

at (954) 766-9930

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

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

700-4949
9-1
[Handwritten signatures and initials]

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

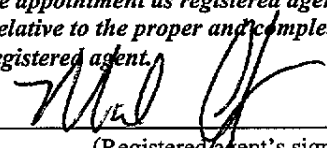
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Convizion, 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.)
2. Delaware 3. 52-2256397
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 27, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 6300 Northeast 1st Avenue, Suite 300
Fort Lauderdale, FL 33334
(Current mailing address)
8. Any lawful business
(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: Mark R. Geddis
Office Address: 6300 Northeast 1st Avenue, Suite 300
Fort Lauderdale, Florida, 33334
(Zip code)

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00 AUG 30 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Mark R. Geddis

Address: 6300 Northeast 1st Avenue, Suite 300

Fort Lauderdale, FL 33334

Director: Robert E. Katz

Address: 6300 Northeast 1st Avenue, Suite 300

Fort Lauderdale, Florida 33334

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Mark R. Geddis

Address: 6300 Northeast 1st Avenue, Suite 300

Fort Lauderdale, FL 33334

Vice President: Robert E. Katz

Address: 6300 Northeast 1st Avenue, Suite 300

Fort Lauderdale, FL 33334

Secretary: Mark R. Geddis

Address: 6300 Northeast 1st Avenue, Suite 300

Fort Lauderdale, FL 33334

Treasurer: Robert E. Katz

Address: 6300 Northeast 1st Avenue, Suite 300

Fort Lauderdale, FL 33334

NOTE: If necessary, you may attach 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. Mark R. Geddis, President

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

FILED
00 AUG 30 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 "CONVIZION, 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 TWENTY-FIFTH DAY OF AUGUST, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONVIZION, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2000.

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



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A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

AUTHENTICATION: 0641224

DATE: 08-25-00