## F000000005113

| Division of Corporations                                                                                                                                                                                                                         |                 |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--|--|--|--|--|--|--|--|
| SUBJECT: SCIL GROUP, Inc.                                                                                                                                                                                                                        |                 |  |  |  |  |  |  |  |  |
| (Name of corporation - must include suffix)                                                                                                                                                                                                      |                 |  |  |  |  |  |  |  |  |
| Dear Sir or Madam:                                                                                                                                                                                                                               |                 |  |  |  |  |  |  |  |  |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", a "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:                                                                                                                                                                        |                 |  |  |  |  |  |  |  |  |
| GEORGE CONGER                                                                                                                                                                                                                                    |                 |  |  |  |  |  |  |  |  |
| (Name of Person)                                                                                                                                                                                                                                 |                 |  |  |  |  |  |  |  |  |
| SCIL GROUP. INC                                                                                                                                                                                                                                  |                 |  |  |  |  |  |  |  |  |
| (Firm/Company) 200003337102                                                                                                                                                                                                                      |                 |  |  |  |  |  |  |  |  |
| -09/08/0001071007<br><b>?.ひ. るへ 3427</b> ******78.75 ******78.                                                                                                                                                                                   | <sup>1</sup> 75 |  |  |  |  |  |  |  |  |
| (Address)                                                                                                                                                                                                                                        | 3               |  |  |  |  |  |  |  |  |
| PAIN BEACH FL 33480                                                                                                                                                                                                                              |                 |  |  |  |  |  |  |  |  |
| (City/State and Zip code)                                                                                                                                                                                                                        |                 |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                  |                 |  |  |  |  |  |  |  |  |
| For further information concerning this matter, please call:                                                                                                                                                                                     | )               |  |  |  |  |  |  |  |  |
| George Conger at (S61) 589-2720  (Name of Person)  (Area Code & Daytime Telephone Number)                                                                                                                                                        | )<br>ימ         |  |  |  |  |  |  |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)                                                                                                                                                                                          | )               |  |  |  |  |  |  |  |  |
| 19.CH                                                                                                                                                                                                                                            | :               |  |  |  |  |  |  |  |  |
| STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines St.  P.O. Box 6327                                                                                                                                                | -               |  |  |  |  |  |  |  |  |
| Tallahassee, FL 32399  Tallahassee, FL 32314  Enclosed is a check for the following amount:                                                                                                                                                      | -               |  |  |  |  |  |  |  |  |
| □ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certificate of Status Certified Copy Certificate 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.

| 1.  | SCIL GROUP, Inc.                                                                                                                                                                       |                 |                 |                        |              |            |             |   |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|------------------------|--------------|------------|-------------|---|
|     | (Name of corporation; must include the word "INCORPORA words or abbreviations of like import in language as will clear natural person or partnership if not so contained in the name a | arly indi       | cate that it is |                        |              |            | <u></u>     |   |
| 2.  | NEVADA                                                                                                                                                                                 | 3.              | 5ı-             | 038939                 | 4            |            |             |   |
|     | (State or country under the law of which it is incorporated)                                                                                                                           |                 |                 | (FEI number, if ap     |              |            |             |   |
| 4.  |                                                                                                                                                                                        | 5               | Perp            | TUAL                   |              |            |             |   |
|     | (Date of incorporation)                                                                                                                                                                | (Dt             | ration: Yea     | r corp. will cease t   | o exist or ' | 'perpetua  | l")         |   |
| 6.  |                                                                                                                                                                                        |                 |                 |                        |              |            |             |   |
| (   | (Date first transacted business in Florida. If corporation has no<br>(SEE SECTIONS 607.150)                                                                                            |                 |                 |                        | t "upon qu   | alificatio | n.")        |   |
| 7   |                                                                                                                                                                                        |                 |                 | , ,                    |              |            |             |   |
| /.  | 502 EAST JOHN STREET, CAS (Principal office ad                                                                                                                                         | ddress)         | City 1          | VV 87100               |              |            | _           |   |
|     | P.U. BOX 3427 PAIM BEACH                                                                                                                                                               | FL              | 33480           |                        |              | ESS.       | 3           |   |
|     | (Current mailing ad                                                                                                                                                                    |                 |                 | ·                      |              |            | \{\text{F}} |   |
| 8.  | Real Estate Trevelopment : A                                                                                                                                                           | <sub>buis</sub> | iron            |                        |              | TARY O     | -8          |   |
|     | (Purpose(s) of corporation authorized in home state or o                                                                                                                               | country         | to be carried   | out in state of Flo    | rida)        |            | 7           |   |
| 9.  | Name and street address of Florida registered agent:                                                                                                                                   | t: (P.O         | . Box or Ma     | ail Drop Box <u>NO</u> | T accept:    | able)      | 5: 00       |   |
|     | Name: George Conger                                                                                                                                                                    |                 |                 |                        | -            | Z.m        | 0           |   |
| Οfi | fice Address: 901 CLEARMONT STRE                                                                                                                                                       | .£T             |                 |                        |              |            |             |   |
|     | SEBASTIAN                                                                                                                                                                              |                 | , Florida       | 32958                  |              |            |             |   |
|     | (City)                                                                                                                                                                                 |                 | _               | 3295 8'<br>(Zip code)  |              |            |             | , |
|     |                                                                                                                                                                                        |                 |                 |                        |              |            |             |   |

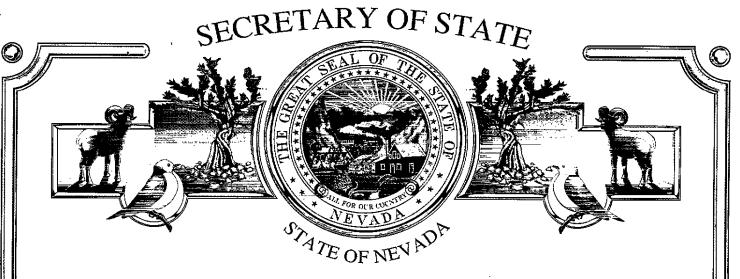
10. Registered agent's acceptance:

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                                                                                                     |              |
| Chairman: GEORGE CONGER                                                                                          |              |
| Address: P.O. Box 3427                                                                                           |              |
| PAIN BEACH FL 33480                                                                                              |              |
| Vice Chairman:                                                                                                   |              |
| Address:                                                                                                         |              |
|                                                                                                                  |              |
| Director: Susan Conget                                                                                           |              |
| Address: PO Box 3427                                                                                             |              |
| PALM BEACH FL 33480                                                                                              |              |
| Director:                                                                                                        |              |
| Address:                                                                                                         |              |
|                                                                                                                  |              |
| B. OFFICERS  President: George Conger  Address: P.O. Box 3427                                                    | 78.50 SI     |
| Address: P.O. Box 3427 PALM BEACH FL 53480                                                                       | P-FIA        |
| Vice President:                                                                                                  | B P          |
| Address:                                                                                                         | S. ú.        |
|                                                                                                                  | OO ATE       |
| Secretary: <u>George Conger</u>                                                                                  |              |
| Address: P.O. Bex 3427 PAlm BEACH FL 33486                                                                       |              |
| Treasurer: Beorge Conger                                                                                         |              |
| Address: P.O. Bex 3427 Palm BEACH FL 33480  Treasurer: Beorge Conger  Address: P.O. Box 3427 Palm BEACH FL 33480 |              |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers a                  |              |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the                                 | application) |
| 14. 6 EORGE CONGET CHAIRMAN  (Typed or printed name and capacity of person signing application)                  |              |
| (-) L L                                                                                                          |              |



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SC&L GROUP**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 20, 1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on August 31, 2000.

Secretary of State

Certification Clerk