ACCOUNT NO. : 072100000032

REFERENCE: 855984 ___ 162356A

AUTHORIZATION

COST LIMIT

A DI ESS

ORDER DATE: October 6, 2000

ORDER TIME: 10:42 AM

ORDER NO. : 855984-005

CUSTOMER NO: 162356A

CUSTOMER: Ralph A. Boniello, Iii, Esq

Boniello, Anton, Conti &

770 Main St. Po Box 944

Niagara Falls, NY 14302

400003418554--2

FOREIGN FILINGS

NAME:

TOPFIT OF AMERICA, LTD.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY

XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD_STANDING

CONTACT PERSON: Darlene Ward/chs

M 10/9

TOPFIT OF AMERICA, LTD., INCORPORATED

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 SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA SECTION TO TRANSACT BUSINESS IN THE SECTION TO TRANSACT BUSINESS IN

| words or abbre | viation, thust include the word invoorporally viations of like import in language as will clearly or partnership if not so contained in the name at p | y indicate | | ¢ |
|------------------|---|-------------|--|---|
| NEW YORK | | 3. | 16-1568307 | |
| (State or counti | ry under the law of which it is incorporated) | _ | (FBI number, if applicable) | - |
| APRIL 26, | | | Perpetual | |
| (Da | ate of incorporation) (D | uration: 3 | Year corp. will cease to exist or "perpetual") | |
| ν | POW QUALIFICATION | | | |
| (Date firs | st transacted business in Florida.) (SEE SECT. | ONS 607 | 1501, 607.1502 and 817.155, F.S.) | |
| 1402 Pine | Avenue, Suite 103 | | | |
| 1402 11110 | Tryoniacy Dates 100 | · · · · · · | | |
| Niagara F | alls, New York 14301 | | - | |
| | (Current mailing add | iress) | | |
| | | | • | |
| Any lawful | l act or activity/promotional/ma | rketing | I | |
| (Purpose | e(s) of corporation authorized in home state or | country to | be carried out in state of Florida) | |
| Name and st | treet address of Florida registered agent | : (P.O. F | Box or Mail Dron Box NOT acceptable) | |
| | | . (2,0,2 | · · · · · · · · · · · · · · · · · · · | |
| Name: | Corporation Service Company | | | |
| office Address: | 1201 Hays Street | | | |
| | Tallahassee | | 32301 | |
| | | , | Florida, 32301 (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 as registered agent.

Corporation Service Company

By: Allor Ah (Skipper as its 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.

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

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

aller aller

REGINA HERMANNS, PRESIDENT

LIST OF OFFICERS/DIRECTORS

OFFICERS AND DIRECTORS:

President/Treasurer GERDA REGINA HERMANNS

R.R. #1

Schomberg, Ontario L0G1T0

Canada

Secretary KARL WILHEM HERMANNS

R.R. #1

Schomberg, Ontario L0G1T0

Canada

OFFICER WHO WILL EXECUTE

FORM: GERDA REGINA HERMANNS

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of TOPFIT OF AMERICA, LTD. was filed on 04/26/1999, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order of record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal, of the Department of State at the City of Albany, this 05th day of October two thousand.

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