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TRANSMITTAL LETTER

Registration Section

Division of Corporations

To:

	GESLIONALOK.	COM LNC.	
J	(Name of corpo	ration - must include suffix)	
Dear Sir or Madam:		200	0 903423292 -1072706-36792004 ******87.50
	e", and check are submitted	for Authorization to Transact I to register the above reference	
Please return all corresp	ondence concerning this ma	atter to the following:	
	Tose GOUZO	les - Heres	
	Jose GONZA	ne of Person)	·v
<u> </u>		OR, COM, INC. (Company)	
	(Firm	(Company)	#
	6001 BROKEN S	ound Parkway, Address)	<u> </u>
_	()	Address)	
	BOCO KATON,	FL 33487 7/State/Zip)	
	(City	//State/Zip)	
Should you need to call	someone concerning this m	natter, please call:	00 00 SECRE
	. ,		
1 Horres Tr	Raus at 56	1 , 989-9600	ARY ASS
(Name of Perso	<u>RaUS</u> at (<u>56</u> on) (A	Area Code & Daytime Telephon	RY OF STA1
(Name of Persons STREET ADDRESS:	<u>RaUS</u> at (<u>56</u> on) (A	Area Code & Daytime Telephon MAILING ADDRESS:	FILED OCT 12 AN II: 41 ETARY OF STATE AHASSIBLE FLORIDA
STREET ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations	inte
STREET ADDRESS: Registration Section		MAILING ADDRESS: Registration Section	int
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St.	· · · · · · · · · · · · · · · · · · ·	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	inte

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.	Duggestionator.com, 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. 52-2248583 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(A
4.	March 31 2000 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	September 15, 2000
	Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7.	a. 6001 Broken Sund Parkway, Suite 510, Boca Raton, FL 33487 (Principal office address)
	b. (Same as above) (Current mailing address)
	(Current mailing address)
	The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridation 8
8.	OR WESTVIEW FOR WHICH CORPORACIONS MAY BE ORGANIZED,
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridan (
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Jose Gonzalez-Heres
Of	\mathbb{Z}
	Boca Raton, Florida 33487 (Zip code)
	(Zip code)
10.	Registered agent's acceptance:
	ving been named as registered agent and to accept service of process for the above stated corporation at the place designated
	his application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
	nply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with
unu	accept the obligations of my position as registered agent
	· ZN KATHXIK
	(Recistered 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 Address: Director: __ Address: **B. OFFICERS** Heres President and Address: 6001 BROKEN SOUND PARKWAY #570 ST BOCA KATON, FL 33487 Vice President: Address: ____ Secretary: Christopher Treasurer: Address: _ NOTE: If necessary attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

GONZAlez-Heres President and CEO

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

State of Delaware

Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUGGESTIONATOR.COM, 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-EIGHTH DAY OF SEPTEMBER, A.D. 2000.

OO OCT 12 AM 11: 41
SECRETARY OF STATE

Edward J. Freel, Secretary of State

AUTHENTICATION: 0705483

DATE: 09-28-00

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