## FOLOGOGOGO 195 4.

To: Registration So Division of Co	orporations			
SUBJECT:	e Pewtech 6% (Name of corpor	ous, INC.		
	(Name of corpor	ration - must include su	ffix)	
Dear Sir or Madam:				
	tion by Foreign Corporation ce", and check are submitted orida.			
Please return all corres	pondence concerning this ma	atter to the following:		
	BEN H, M.	Pooke	800003532 -01/11/01-	20630 -01012001 5 *****78.75
	(Nam	e of Person)	带排水亦亦 ( O 。 ( J	) <del>ক্ষক্ত</del> ক্ত
	Ben Amin H.	Model CPA	PA	
	(Firm	/Company)	,	
	Benjamin H. (Firm 400 W. Faitzb (H) Winter Parz (City	Address)	ste 201	
	h / John Pag	V E1 335	> ca	
	City	/State/Zip)	78.7 ESE	00
Should you need to cal	Il someone concerning this m	natter, please call:	ETARY OF ST WASSEE, FL	FILED
(Name of Per	son) (A	Area Code & Daytime T	elephone Number	3.06
STREET ADDRESS:	:	MAILING ADD	RESS:	47th
Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	rations	1/11
Enclosed is a check for	r the following amount:			
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee Certified Copy	& 🗆 \$87.50 Filing  Certificate of  Certified Cop	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. The Pentech Grass Take
(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. Maseylands (State or country under the law of which it is incorporated)  3. 52-1971061 (FEI number, if applicable)
· Lufamm )
6. <u>OPON GUALICATION</u> (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. 9448 Lake Hickory nut Dr. winter Garden, T-1 34717 (Principal office address)
Ъ.
(Current mailing address)
8. Consulting / Computer Services  (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: John Dixon
Office Address: 9448 Lake Hickory NUT Skip ST W
Winter Garbon, Florida 34787 (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: Timothy Hopkins
Address: 8204 Rellonia Avenue
Towson, MD 21204
Vice Chairman: John Dixon  Address: 9448 Laxe Hickory Not Drive
Address: 9448 LAKE HICKORY NUT DRIVE
Winter Garber, FL 34787
Director:
Address:
Director:
Address:
B. OFFICERS
President: Timothy Hopkins
Address: 8204 RellowA Avenue
Tonson, Mb 21204
Vice President: John Dixon
Address: 9448 Lake Hickory Not Strive
Winter GARDON, FL 34787 MG 0 M
Secretary: John Sixon 52 w
Address: 9448 LAKE HICKORY NUT Drive SH 8
Winter Garben, FL 34787
Treasurer: John Dixon
Address: 9448 Lake Hickory NUT DEIVE
Winter Garden, FL 34787
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
$13.$ $\bigcirc$
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
(Typed or printed name and capacity of person signing application)

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY-CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THE PENTECH GROUP, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 05, 2000.

Paul B. Anderson Charter Division

Faul B. Under

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