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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VISION TELEMAGEMENT, INC  
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

PATRICK LANZA

(Name of Person)

VISION TELEMAGEMENT, INC

(Firm/Company)

1101 GULF BREEZE PARKWAY, SUITE 1

(Address)

GULF BREEZE, FL 32561

(City/State and Zip code)

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For further information concerning this matter, please call:

PATRICK LANZA

(Name of Person)

at ( 850 ) 916-0883

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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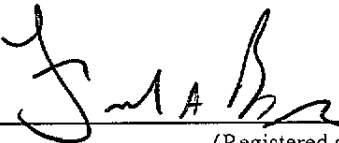
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

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. VISION TELEMAGEMENT 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. 59-3687229  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/14/2000 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 12/14/2000  
(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. 1101 GULF BREEZE PKWY SUITE 1 GULF BREEZE, FL 32561  
(Principal office address)
- SAME  
(Current mailing address)
8. COMMUNICATIONS SALES  
(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: FRANK BROWN  
Office Address: 904 FAIRWAY DRIVE  
PENSACOLA, Florida 32407  
(City) (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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: FRANK BROWN

Address: 904 FAIRWAY DRIVE  
PENSACOLA, FL 32407

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: FRANK BROWN

Address: 904 FAIRWAY DRIVE  
PENSACOLA, FL 32407

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: FRANK BROWN

Address: 904 FAIRWAY DRIVE PENSACOLA, FL 32407

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. FRANK BROWN, PRESIDENT  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

*State of Delaware*  
*Office of the Secretary of State* PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VISION TELEMAGEMENT, 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 SIXTEENTH DAY OF JANUARY, A.D. 2001.

FILED  
01 MAR 12 PM 11:42  
SECRETARY OF STATE  
TALLMAGE, 110001



*Harriet Smith Windsor*

*Secretary of State*

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AUTHENTICATION: 0917046

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DATE: 01-16-01