

FO1000001845

4.

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Visionary Integration Professionals, 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:

Steve Carpenter

(Name of Person)

Visionary Integration Professionals, Inc.

(Firm/Company)

160 Blue Ravine Road, Suite D

(Address)

Folsom, CA 95630

(City/State and Zip code)

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-04/02/01--01142--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

For further information concerning this matter, please call:

Steve Carpenter  
(Name of Person)

at ( 916 ) 985-9625  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

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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. Visionary Integration Professionals, Incorporated (VIP)  
(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. California 3. 680375591  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 29, 1996 5. "Perpetual"  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. "Upon qualification"  
(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. 160 Blue Ravine Road, Suite D, Folsom, CA 95630  
(Principal office address)

\_\_\_\_\_  
(Current mailing address)

8. VIP provides Computer Information Technology Services to State & Federal Govt. Agencies  
(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)

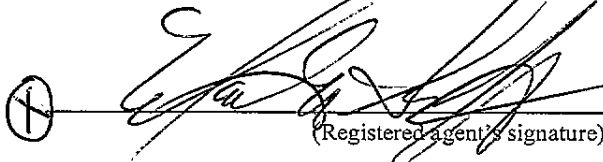
Name: NRAI Services, Inc.

Office Address: 526 East Park Ave.

Tallahassee, Florida, Florida 32301  
(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) Mark H. Schaeffer  
Asst. Secy of NRAI

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

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

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

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

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

Director: Vince Juaristi

Address: 5990 Richmond Highway, #615  
Alexandria, VA 22303

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

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

B. OFFICERS

President: Jonna Ward

Address: 2488 Highland Hills Drive  
Eldorado Hills, CA 95762

Vice President: Roger Ward

Address: 2488 Highland Hills Drive  
Eldorado Hills, CA 95762

Secretary: \_\_\_\_\_

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

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

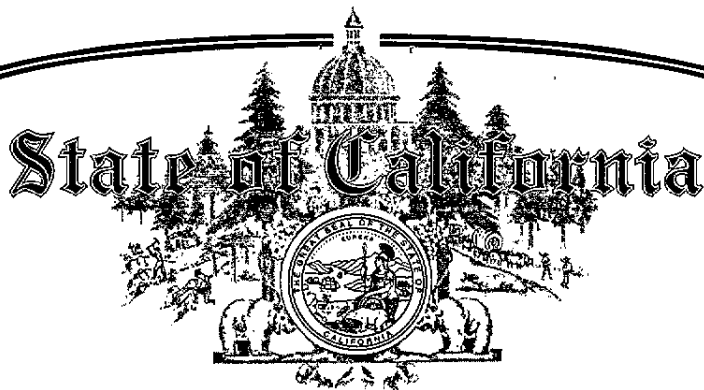
Address: \_\_\_\_\_

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

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

14. Jonna Ward President  
(Typed or printed name and capacity of person signing application)

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SEAL (PA) OF STATE  
TALMADGE, CALIFORNIA



**SECRETARY OF STATE  
CERTIFICATE OF STATUS  
DOMESTIC CORPORATION**

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the **29th day of February, 1996, VISIONARY INTEGRATION PROFESSIONALS, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

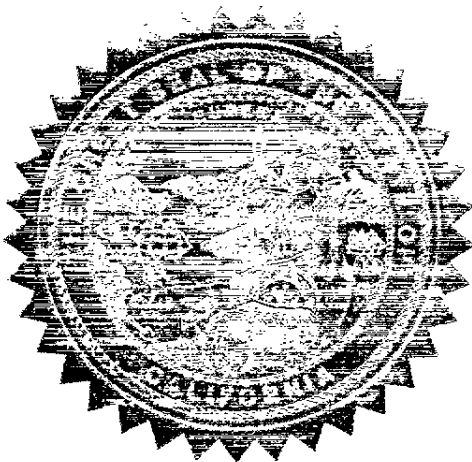
That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this day  
of March 14, 2001.



*Bill Jones*  
BILL JONES  
Secretary of State

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