F010000002986

TO: Registration Section Division of Corporations MGDSYMOHONY, INC-(Name of corporation - must include suffix) SUBJECT: Dear Sir or Madam: ******78, 75 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. WO(-10935 Please return all correspondence concerning this matter to the following: TONY GOMES MGDSYMPHONY, FNC.
(Firm/Company)

8858 FISHERWENS BAY DR.
(Address) SANAS6TA, FL 3423/ (City/State and Zip code) For further information concerning this matter, please call: (Name of Person) at (941) 539-3268 (Area Code & Daytime Telephone Number STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32399 Enclosed is a check for the following amount: \$78.75 Filing Fee & □ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 15, 2001

TONY GOMES MEDSYMPHONY, INC. 8858 FISHERMAN BAY DR. SARASOTA, FL 34231

SUBJECT: MEDSYMPHONY, INC. Ref. Number: W01000010935

THE PLET HIS PARTY IN

We have received your document for MEDSYMPHONY, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is avalid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 001A00029375

(E ENTIFICATE OF EXISTENCE)

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. MSD SYMPHONY TOC (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or 1. 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.) (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.) (Current mailing address) Province Tryon MATION Technology Solution
(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) Office Address: 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. DIREC	TORS
Chairman: _	TONY GOMES
Address:	8858 FISHEOLINENS BAY Dr.
	TONY GOMES 8858 FISHERMENS BAY DR. SARASOTA, FL 34231
	an:
Address:	
— Directors	
	<u> </u>
Address:	
Director:	SSE TI
Address:	FLORE 18

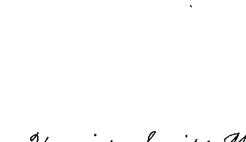
B. OFFICI	
President:	ZOLTAN CEROSS
Address:	2760 York ST.
	NAPIS, FloriDA 34105
Vice Presider	ıt:
Address:	
—— Secretary:	Tony Gomes
Address:	SAME AS ABOVE (CHAINMAN)
Treasurer:	TONY GOMES
Address:	
NOTE: If n	ecessary, you may attach an addendum to the application listing additional officers and/or directors.
13	Jong Jan
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	TONY GOMES - CHAIN MAN
	(Typed or printed name and capacity of person signing application)

State of Delaware PAGE Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDSYMPHONY, 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-THIRD DAY OF MAY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDSYMPHONY, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1148357

3383446 8300

010245789

DATE: 05-23-01