F010000004015

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
SUBJECT: THE Military Solutions Corp
(Name of corporation - must include suffix)
Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida"
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 corpd
Please return all correspondence concerning this matter to the following:
Christine Colvin
(Name of Person)
Pioneer Services
(Firm/Company)
4700 Belleview, Suite 300
(Address)
Kansas City, MO 64112
(City/State and Zip code)
1(10(1045023313 -07/27/0101063013 For further information concerning this matter, please call: ******70.00 ******70.00
Christine Colvin at (816) 448-2347
(Name of Person) (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 Pivision of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\ \text{Certificate of Status} \rightarrow \frac{1}{878.75} \text{Filing Fee & Gertified Copy} \rightarrow \frac{5}{875.75} \text{Filing Fee & Gertified Copy} \rightarrow \frac{5}{887.50} \text{Filing Fee, Certified Copy} \rightarrow \text{Certified Copy}

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 Military Solution	ons	Corp	
••	words or abbrev	ration; must include the word "INCORPOR	CATE early	D", "COMPANY", "CORPORATION" or indicate that it is a corporation instead of a	
2	Neva	ada .	3.	88-0448110	
۷.	(State or countr	ada y under the law of which it is incorporated)	(FEI number, if applicable)	
4.	01/0	03/00 e of incorporation)	5.	Perpetual	
	(Date	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6.	<u> </u>	n qualification			- m.'
		(SEE SECTIONS 607.	1501,	transacted business in Florida, insert "upon qualification.") 607.1502 and 817.155, F.S.)	
7.	305	O E. Desert Inn Road, Suite	12	5, Las Vegas, NV 89121	
		(Principal office	addr	ess)	-11
		(Current mailing	g addr	(D)	
8.	Sel	ling goods and services at	ret	untry to be carried out in state of Florida)	
^		· ·		untry to be carried out in state of Florida)	,
9.	. Name and <u>sti</u>	reet address of Florida registered ago	ent:	(P.O. Box or Mail Drop Box NOT acceptable	
	Name:	CT Corporation System			
o	ffice Address:	1200 S. Pine Island Road			
		Plantation		, Florida33324	
		Plantation (City)		(Zip code)	
H de ft	laving been na esignated in thi urther agree to	is application, I hereby accept the app	ointr utes r	ice of process for the above stated corporation at the plo nent as registered agent and agree to act in this capacit relative to the proper and complete performance of my f my position as registered agent.	
		See alloche	d	(matura)	
		(Registered age	nt S SI	gnature)	

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.

ACCEPTANCE OF APPOINTMENT

RE: THE MILITARY SOLUTIONS CORP

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: July 5, 2001

C T CORPORATION SYSTEM

John J. Linnihan

Assistant Vice President

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

. DIRECTO		
airman:		
dress:		
		
ce Chairman:		
ldress:		
rector:	Thomas H. Holcom	
dress:	3050 E. Desert Inn Road, Suite 125	
_ <u>L</u> a	s Vegas, NV 89121	
ector:		·
dress:		
		SEC ALL
OFFICER	es	TIL 30
	Pot McCorter	<i></i>
dress:	3050 E. Desert Inn Road, Suite 125	
	3050 E. Desert Inn Road, Suite 125 Las Vegas, NV 89121	
dress:		
eretary:	C.M. Colvin	<u> </u>
dress:	3050 E. Desert Inn Road, Suite 125, Las Vegas, NV 89121	
easurer:	Randy Opliger	
dress:	3050 E. Desert Inn Road, Suite 125, Las Vegas, NV 89121	
OTE: If neo	cessary, you may attach an addendum to the application listing additional officers and	or directors.
•	(Signature of Chairman Vice Chairman of Chairman Vice Chai	-1:4:X
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap	plication)
ļ	C.M. Colvin (Typed or printed name and capacity of person signing application)	·



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to fillings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statetes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **THE MILITARY SOLUTIONS CORP**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 3, 2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on July 18, 2001.

Secretary of State

Certification Clerk