

Division Corporations

**FO/000005128****Florida Department of State**

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

**Electronic Filing Cover Sheet****Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H01000103392 6)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.****To:**

Division of Corporations

Fax Number : (850)205-0383

**From:**

Account Name : O'BRIEN, RIEMENSCHNEIDER, KANCILIA &amp; LEMONIDIS, P.A.

Account Number : 105204000476

Phone : (321)728-2800

Fax Number : (321)728-0002

**AL****FOREIGN PROFIT QUALIFICATION****Espirant, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

**Electronic Filing Menu****Corporate Filing****Public Access Help**FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 OCT - 1RECEIVED  
01 OCT - 1 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 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.

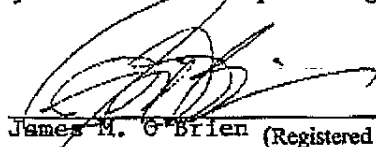
1. Espirant, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 52-2278017  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 20, 2000 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.)  
100 Rialto Place, Suite 700, Melbourne, FL 32901
7. \_\_\_\_\_  
(Principal office address)  
100 Rialto Place, Suite 700, Melbourne, FL 32901  
(Current mailing address)
8. software development  
(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: James M. O'Brien, Esq.  
Office Address: 1686 West Hibiscus Blvd.  
Melbourne, Florida 32901  
(City) (Zip code)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 1

## 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.*



James M. O'Brien (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.

James M. O'Brien  
Florida Bar No. 516589  
O'Brien Riemenschneider, P.A.  
1686 West Hibiscus Blvd.  
Melbourne, FL 32901  
(321)728-2800/(321)728-0002-Fax

Audit No. (((H01000103392 6)))

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

## A. DIRECTORS

Chairman: Christine PepinAddress: 100 Rialto Place, Suite 700Melbourne, FL 32901

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

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

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

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

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

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

## B. OFFICERS

President: Christine PepinAddress: 100 Rialto Place, Suite 700Melbourne, FL 32901

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

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

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

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

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

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

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

13. \_\_\_\_\_

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

14. \_\_\_\_\_

Christine Pepin, President

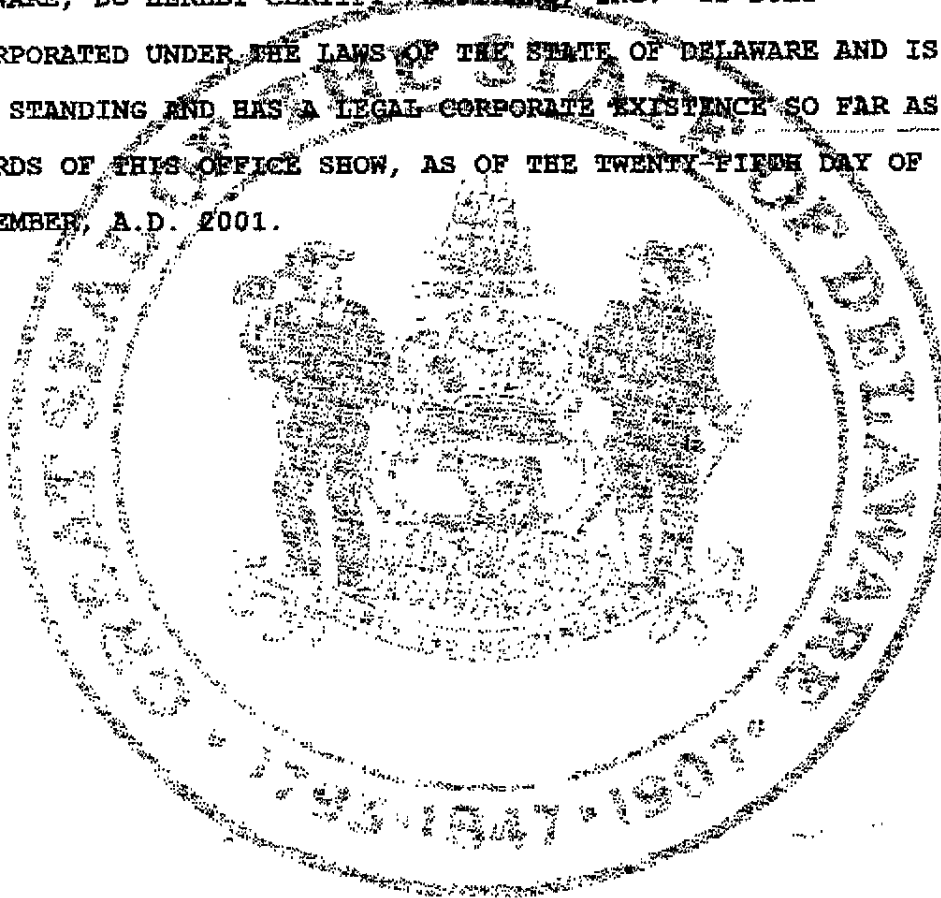
(Typed or printed name and capacity of person signing application)

Audit No. (((H01000103392 6)))

01 OCT -1  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
FILED

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

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ESPIRANT, 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-FIFTH DAY OF SEPTEMBER, A.D. 2001.



01 OCT -1

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3217001 8300

AUTHENTICATION: 1357526

010470621

DATE: 09-25-01

Audit No. (((H01000103392 6)))