# F01000005140

#### TRANSMITTAL LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: TRANZACTION NTERNATIONAL XCHANGE CORP	
(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:	3 ) :
TRANZACTION INTERNATIONAL X CHANGE CORP	
P.O. Box 5096  HUDSON, FLORIDA 34667	,
(City/State and Zip code)	-2.
For further information concerning this matter, please call:	
UNNIKRISHNAN THANKAPPAN at (727) 861-3190 PM 9	
(Name of Person) (Area Code & Daytime Telephone Name of	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St.  HARY RMAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
Tananassoc, I'D 32314	
Enclosed is a check for the following amount:	
Enclosed is a check for the following amount:  \$\Bigcup \text{S70.00 Filing Fee} \text{ \$\Bigcup \text{S78.75 Filing Fee} & Certificate of Status} \text{ \$\Bigcup \text{S87.50 Filing Fee}, \ Certificate of Status & Certified Copy} \text{ \$\Bigcup \text{S87.50 Filing Fee}, \ Certified Copy} \text{ \$\Bigcup \text{Certified Copy}	2

### 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. RANZACTION INTERNATIONAL XCHANGE CORP (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.) DELAWARE
(State or country under the law of which it is incorporated)

3. 51-0398491
(FEI number, if applicable) 4/4/2000 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 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. 13911 SUITE K LAKES HORE BLVD, HUDSON, FL 34667

(Principal office address)

(Principal office address)

(Current mailing address)

ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS

8. MAY BE ORGANIZED UNDER THE GENERAL CARPORATION LAW OF FLOKEDA

(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: VINCENT A. FINOCEHIO

Office Address: 6541 DRIFTWOOD DRIVE

HUDSON , Florida 34667

(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.

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.

(Registered agent's signature)

## 12. Names and business addresses of officers and/or directors: A. DIRECTORS Lew PORT RICKEY FI Director: Address: . Director: **B. OFFICERS** Vice President: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) FINDREHIO

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

## 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 "TRANZACTION INTERNATIONAL XCHANGE CORP" 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 FIFTH DAY OF JULY, A.D. 2001.

01 SEP 28 PM 8: 03
SECRETARY OF STATE



Warriet Smith Hindson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1227138

DATE: 07-05-01

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