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| | TR | ANSMITTAL LET | rer | | |
|--|--------------------------------|--|---------------------------------------|--------------------------------|--------|
| TO: Registrat Division | ion Section of Corporations | _ | | | |
| SUBJECT: | MUTHAUS | ACQUISITION | CORP | | |
| | | ne of corporation - must in | clude suffix) | | |
| Dear Sir or Mada | m: | | | | |
| The enclosed "Ap" "Certificate of Exto transact busine | asience, and check ar | Corporation for Authorizatie submitted to register the | above referenced foreig | gn corporation | .: |
| Please return all c | orrespondence concer | ning this matter to the follo | i_a, -U5/ | 4598395 /19/0101050- | -002 |
| MR. | LAL S. | (Name of Person) | ************************************* | *** (0,00 **** | ¥70.00 |
| | | (Name of Person) | | WOI-2 | 1935 |
| <i>G</i> | MUT HAVI | ACQUUITGN | GCP | | |
| S | 15 SEAB | (Firm/Company) (Address) | aud A | 250 | |
| 7.0 | _ | (Address) | | | : |
| P7 | - LANDER | | FLORIDA | 33318 | |
| | | (City/State and Zip code | ;) | | |
| For further inform | ation concerning this r | natter, please call: | | | |
| MR-LAL | S. REN | at (954) 81 (Area Code & Days | 8 2589 | | |
| (Name of | Person) | (Area Code & Day | ime Telephone Numbe | er) | |
| STREET ADDRE | | | | | |
| Registration Section | | MAILING Registratio | ADDRESS: | 77. S | |

Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

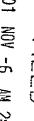
Enclosed is a check for the following amount:

70.00 Filing Fee

☐ \$78.75 Filing Fee & Certificate of Status Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

☐ \$78.75 Filing Fee & Certified Copy

S87.50 Filing Fee, Certificate Status & Certified Gopy





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 21, 2001

LAL S. RAI 515 SEABREEZE BLVD., #250 FT LAUDERDALE, FL 33316

SUBJECT: QUANTUM ACQUISITION CORP.

Ref. Number: W01000021935

We have received your document for QUANTUM ACQUISITION CORP. and your check(s) totaling \$70.00. 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.

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 cal (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 001A0005279

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' QUADTUM ACQUISITION 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.) |
| 2. DELAWARE (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| |
| 4. On to the Column of the Col |
| |
| 6. Whow 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. 515 SEABREEZE DUD: SUITE 250 FT. LAWDOWARE (Principal office address) |
| (Principal office address) |
| SIS SEADLEEZE DUD #250, GT. CAMPENDALE A 33316 (Current mailing address) |
| (Current mailing address) |
| 8. REAL ESTATE CONSULTING SERVICES (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: MR. LAL S. FA (|
| Office Address: 515 SEABREEZE BLUD #250 PT PT |
| Office Address: 515 SEABREEZE BLVD # 250 FT. LANDENDALE , Florida FL 33316 FL 33316 (City) (Zip code) 10. Registered agent's acceptance: |
| (City) (Zip code) |
| 10. Persistered agent's accontance. |
| 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 high t'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:

| Chairman: | | | | | | | - | . : | ٠ |
|--|---------------------|----------------------------------|--|--------------|---------------------------------------|-------------|--|--|----------|
| Address: | 515 | SEABLEZ | E BLVD | # | 2 | | | | _ |
| - | FT. | CANDER | DAVE | ก | 33316 | | - | | - |
| /ice Chairman: | | | | | | | | ·· · · · · · · · · · · · · · · · · · · | - |
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| rirector: | | | | | | | | | • |
| | | - | | | | | | | |
| | | | | | | | | | |
| . OFFICER | | | | | | | | | |
| esident: | MR. | LAL S | . RAI | | F 250 | <u> </u> | <u>- v</u> | | |
| esident: | MR. | LAL S SEABREE | . RAI | vo t | र नेड० | 3 1 | S | <u> </u> | |
| resident: | MR. 515 PT. | LAL S SERBREE CANDERD | . RAI ZE DI ALE | D 1 | 2225 | | SHCI | <u> </u> | |
| ddress: | MR SIS PT. | LAL S SEABREE CANDERD | RAI ZE DI ALE | 50 1 Pl | 33216 | | · · · · · · | | |
| ddress: | MR SIS PT. | LAL S SEABREE CANDERD | . RAI ZE DL ALE | D 1 | 73316 | | O1 NOV -6 SECRETARY OF | | |
| ddress: | MR. 515 PT. MR. | LAL S SERBREE CAMPEND | RAI | D 1 | 73316 | | SECRETARY OF ST TALLAHASSEE, HL | | |
| ddress: | MR. 515 PT. MR. | LAL S SEABREE CANDERD | RAI | 50 t | F 250 33316 | | O1 NOV -6 AM 2: O SECRETARY OF STAIL TALLAHASSEE, ILORIO | | |
| ddress: | MR. 515 PT. MR. | LAL S SERBREE CAMPEND | RAI | 50 t | 73316 | | SECRETARY OF ST TALLAHASSEE, HL | | |
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| cretary: casurer: dress: cretary: | MR. SIS PT. MR. SIS | LAL S SERBREE CAMPEND | RAI RAI RAI BLOD | D T | 73316 230 | FT . CA | SECRETARY OF STAILS TALLAHASSEE, ILORIDE | | |
| cesident: ddress: ce President: ddress: cretary: ddress: ddress: ddress: | MR. 515 PT. MR. SIS | LAL S SEABREELE LAL S. SEABREELE | RAN RAN RAN AUE RAN AUE RAN AUE RAN RAN | lication lis | F JSO 33316 250 ting additional of | fficers and | SECRETARY OF STAFES Or directors. | | |

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 "QUANTUM ACQUISITION 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 THIRD DAY OF OCTOBER, A.D. 2001.

01 NOV -6 AM 2: 00
SECRETARY OF STATE



Warriet Smith Windson, Secretary of State

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AUTHENTICATION: 1374214

DATE: 10-03-01