

FOI 000000 5792

4.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XTENSIBLE SOLUTIONS, INC.
(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:

Timothy M. Purnell, Esquire

(Name of Person)

Law Office of Timothy M. Purnell

(Firm/Company)

9250 Mosby Street, suite 201

(Address)

Manassas, VA 20110

(City/State and Zip code)

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For further information concerning this matter, please call:

Timothy M. Purnell

(Name of Person)

at (703) 393-8766

(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
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. **XTENSIBLE SOLUTIONS, 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. **VIRGINIA**

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. **January 24, 2001**

(Date of incorporation)

5. **Perpetual**

(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.)

7. **9250 Mosby Street, Suite 201, Manassas, VA 20110**

(Principal office address)

9250 Mosby Street, Suite 201, Manassas, VA 20110

(Current mailing address)

8. **Electronic Utilities System Integration Consultants**

(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. Greg Robinson**

Office Address: **610 Mar Brisa Ct.**

Satellite Beach

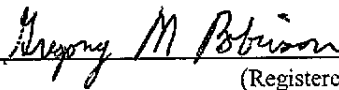
(City)

, Florida **32937**

(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.



(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.

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TALLAHASSEE, FL

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

A. DIRECTORS

Chairman: Mr. Greg Robinson

Address: 610 Mar Brisa Ct.

Satellite Beach, FL 32937

Vice Chairman: Mr. Terrance L. Saxton

Address: 18125 23rd Avenue, N

Plymouth, MN 55447

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mr. Greg Robinson

Address: 610 Mar Brisa Ct.

Satellite Beach, FL 32937

Vice President: Mr. Terrance L. Saxton

Address: 18125 23rd Avenue, N.

Plymouth, MN 55447

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

13. _____

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

14. _____

Mr. Greg Robinson, President

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

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

Xtensible Solutions, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is January 24, 2001.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:
October 17, 2001

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Joel H. Peck
Joel H. Peck, Clerk of the Commission