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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

CORPORATION(S) NAME





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 29, 2001

CT CORPORATION SYSTEM

SUBJECT: INTERNATIONAL PROJECT PARTNERS, INC.

Ref. Number: W01000027229

We have received your document for INTERNATIONAL PROJECT PARTNERS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The Certificate must be original.,

Please return 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 ca (850) 245-6967.

Michelle Hodges **Document Specialist**

Letter Number: 101A00063454

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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TO: Registration Section Division of Corporations SUBJECT: INTERNATIONAL PROSET PARTNER STATE (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: David Orsini	TRANSIVITIAL LETTER 35				
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: \[\begin{array}{c c c c c c c c c c c c c c c c c c c	Division of Corporations				
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David Orsini (Name of Person)	"Certificate of Existence", and check are submitted to register the above referenced foreign corporation				
David Orsini (Name of Person)	Please return all correspondence concerning this matter to the following:				
(Address) For Theree, FL. 34949 (City/State and Zip code) For further information concerning this matter, please call: David Gevber at (S64) S95-1433 (Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: EV\$70.00 Filing Fee \$ \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee,					
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For further information concerning this matter, please call: David G-cvbc at (S6') S9S-1433	(Firm/Company)				
For further information concerning this matter, please call: David G-cvbc at (S6') S9S-1433	355 S. Ocean Dr. #166				
For further information concerning this matter, please call: David G-cvbc at (S6') S9S-1433	(Address)				
For further information concerning this matter, please call: David G-cvbc at (S6') S9S-1433	Fort Pierce, FL. 34949				
Tallahassee, FL 32399 at (\$6') \$9\$ \$-1453 (Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: P\$70.00 Filing Fee \$\Pi\$ \$78.75 Filing Fee & \$\Pi\$ \$78.75 Filing Fee,	(City/State and Zip code)				
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: 770.00 Filing Fee 7870.75 Filing Fee					
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Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: 7870.00 Filing Fee 7878.75 Filing Fee \$ \$78.75 Filing Fee \$ \$78.75 Filing Fee,	(Name of Folson) (Name Code & Baytime Tolephone Name)				
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409 E. Gaines St. Tallahassee, FL 32399 P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: From the following amount:					
Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: 7570.00 Filing Fee					
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	Enclosed is a check for the following amount:				
Certificate of Status Certified Copy Certificate of Status & Certified Copy	Certificate of Status Certified Copy Certificate of Status &				

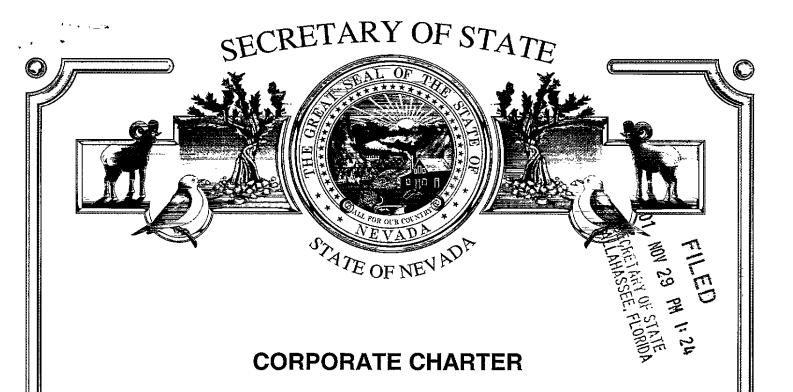
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. International Project Partners, 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. Nevada 3. 59-375 7365 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11-21-2001 5. Perfetual (Duration: Year corp. will cease to exist or "perpetual")
6. Pon 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. 355 S. Ocean Dr. #106 Fort Piercz. Fl. 34949 (Principal office address)
Same as above (Current mailing address)
8. Con Sulting / 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: _ C_I Cosposation System_
Office Address: , 1200 South Pine Island Rd.
Name: _ C _ Cosposation Uystem _ Office Address: , 1200 South Pine Island Rd. ' Plaintakon, Florida _ 33324 (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.
(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.

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

A. DIRECTORS	e en
Chairman: David Orsini	3
Chairman: David Orsini Address: 101 Blanchard ST. Waterbury	CT- 06705
	C1 - 06 / C6 /
Vice Chairman:	SSEC
Address:	To
	8 2 P
Director:	<u> </u>
Address:	
Director:	
Address:	
3. OFFICERS	
President: Robert Cusmano	
Address: 1337 S.W. 26th Auc. Deer F	
Marcos	
Vice President: David Orsini	
Address: 101 Blanchard ST- Waterbury C	
Addebb	, <u>, , , , , , , , , , , , , , , , , , </u>
ecretary: RoberT Cusmano	· ·
Address: 1337 S. W. 26Th Ave. Deev Fi'd	and Beach Fl 33442
reasurer: Steven Dorsey	0.00. 10.000 1 6
Address: 19235 U.S. HWY 41 N. LOTZ	F1. 33546
radioss.	
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.
3. Kink & Com	
(Signature of Chairman, Vice Chairman, or any officer listed	l in number 12 of the application)
4. DAUID ORSINI ROLLAIRMAN (Typed or printed name and capacity of person significance)	ng amplication)



I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that **INTERNATIONAL PROJECT PARTNERS** did on **November 21, 2001** file in this office the original Articles of Incorporation; that said Articles are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on **November 26, 2001.**



Secretary of Stateچـر

Certification Clerk