

TRANSMITTAL LETTER
TO: Registration Section Division of Corporations
SUBJECT:Visara International, 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:
Ed Bacon
(Name of Person)
(Firm/Company)
6833 Mt. Herman Road, Morrisville, NC 27560-9261
(Address)
Morrisville, NC 27560-9261
(City/State and Zip code)
For further information concerning this matter, please call: 300052723639 -04/15/0201058001 ******70.00 ******70.00
Ed Bacon at (919) 882-0215 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount:
▼ \$70.00 Filing Fee



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.

l. <u>Visara</u>	International, Inc.				
	orporation; must include the word "I	NCORPORATE	D", "COMPAN	Y", "CORPORATION" or	-
words or al	obreviations of like import in language	e as will clearly	indicate that it i	s a corneration instead of a	
natural pers	son or partnership if not so contained	in the name at r	resent.)	o a corporancia ansicad or a	
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2. Delawa	ire	3.	43-19500	156	
	untry under the law of which it is inc			FEI number, if applicable)	
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4. <u>Decem</u>	ber 20, 2001	5.	Perpetua		
	(Date of incorporation)	. -	(Duration: Yea	1 corp. will cease to exist or	"perpetual")
6. 02/04/				<u> </u>	
(Date first to	ransacted business in Florida. If corp	oration has not t	ransacted busine	ess in Florida, insert "upon o	qualification.")
	(SEE SECT	IONS 607.1501,	607.1502 and 8	17.155, F.S.)	
Z (000)					
7. <u>6833 N</u>	<u>lt. Herman Road. Morrisy</u>	rille, NC 2	<u>7560-9261 </u>		
	(Prine	cipal office addre	ess)		
PΩ	Box 90576, Raleigh, NC	27675			
		ent mailing addre		<u> </u>	 % * *
	Сшл	au manng addi	288)		
					7 P.
8. Sell c	omputer products				NISION OF CORP (VISION OF CORP
	ose(s) of corporation authorized in h	ome state or con	ntry to be carrie	d out in state of Florida)	
(F	article) or respectation actions and	01110 0110 01 000	and to be carrie	a out in state of Florida)	70 000
9. Name and	l <u>street address</u> of Florida regis	tered agent: (P.O. Box or M	lail Drop Box NOT acces	ntable) I C
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Name	e: <u>Ernie Deveydt</u>				= 20
			<u> </u>		ِ اللهِ اللهِ الله
Office Addre	ss: 8770 Sunset Drive,	#520			(3 G
011100 2 20020	or or builder brieve,			##	· · · · · · · · · · · · · · · ·
	Miami		Florido	22172	
	(City)		, Florida_	(Zip code)	
	(City)			(Zip code)	
10 Doniston	ad a a a 47a a 4				
	ed agent's acceptance:				
Having been	named as registered agent and t	o accept servic	e of process fo	or the above stated corpo	ration at the place
designated in	this application, I hereby accep	t the appointm	ent as register	ed agent and agree to ac	t in this capacity. I
further agree	to comply with the provisions o	f all statutes re	lative to the p	roper and complete perfo	ormance of my
duties, and I	am familiar with and accept the	obligations of	my position as	s registered agent.	
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	_ come &	N Vano	<u> </u>	4/5/08	
	(Remis	tered agent's sig	nature)	,	

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 Chairman: N/A Address: _ Director: ____ Director: B. OFFICERS President: James T. Matthews Address: 6833 Mt. Herman Road Morrisville, NC 27560-9261 Vice President: Address: Secretary: _ 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) James T. Matthews, President

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

Delaware

PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VISARA INTERNATIONAL, 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 TWENTIETH DAY OF MARCH, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

DIVISION OF REAL PARTS OF STATIONS
DIVISION OF 15 PM 3: 35



Darriet Smith Windson Sacramy of Sons

AUTHENTICATION: 1675688

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DATE: 03-20-02