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195 Wekiva Springs Road, Suite 204 Longwood, Florida 32779 (407) 772-4888 (407) 772-4891 Facsimile poolelaw@mindspring.com www.thesolutionsgrp.com

William F. Poole, IV
Attorney at Law
Corporate and Business Law
Wills, Trusts and Estate Planning

April 8, 2002

William F. Poole TX
Financial Planner
Debt Reduction
Wealth Accumulation
Retirement Planning
Business Succession
Investment Management

*****87.50

******87.50

Corporate Records Bureau Division of Corporations Department of State Post Office Box 6327 Tallahassee, Florida 32301

RE: Mastery Marketing Group, Inc. Foreign Corporation - Profit

Ladies and Gentlemen:

Enclosed is an Application by Foreign Corporation for Authorization to Transact Business in Florida for the above referenced corporation for your acceptance and filing. Our firm's check for \$87.50 is enclosed to cover the following costs:

Filing Fee	\$70.00
Certified copy of Charter	\$ 8.75
Certificate of Status	\$ 8.75
Total	\$87.50

Upon acceptance of the Application and filing thereof by your office, please provide this firm with a certified copy of filing and Certificate of Status.

Thank you for your cooperation in this matter.

Sincerely,

Jáne Poole, Assistant to

William F. Poole, IV, Esquire

THE SOLUTIONS GROUP

Enclosures cc: Paul R. Hall

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TRANSMITTAL LETTER

TO: Registration Section	g Group, Inc. tion - must include suffix)
Division of Corporations	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
SUBJECT: Mastery Marketing	Group, Inc.
(Name of corpora	tion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	
Please return all correspondence concerning this mat	ter to the following:
William F. Poole,	IV, Esquire
(Name	of Person)
The Solutions Grou	p
(Firm/C	Company)
195 Wekiva Springs	Road - 204
(Ac Longwood, Florida	ldress) 32779
(City/Stat	e and Zip code)
For further information concerning this matter, pleas	e call:
Fred Poole at (at	7 772-4888 a Code & Daytime Telephone Number)
(Name of Person) (Are	a 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	Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607 PREIGN CORPORATION					900	
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	ery Marketing ration; must include the w		D" "COMPAN	IV" "COPPOP	ATION" or	्रिक्त ।	₹ ·
	ration, must include the viations of like import in I					75.65 2	0
natural person o	r partnership if not so cor	itained in the name at p	resent.)	-			
2. Connecti		3.	06	-1274858		- (57)	ري آ
(State or country	under the law of which i	is incorporated)		(FEI number, if a	applicable)	95	
4. July 28,	1989	5.	Рe	rpetual			 . <u></u> -
(Dat	e of incorporation)		(Duration: Ye	ar corp. will ceas	se to exist or "pe	rpetual")	=
6. Upon Qua	lification						==
(Date first transa	cted business in Florida. (SEE	If corporation has not SECTIONS 607.1501,			nsert "upon quali	fication.")	
71.75	Spring Centre	South, Suite	102, Alt	amonte Sp:	rings, FL	32714	
	·········	(Principal office addre	ess)				
175	Spring Centre	South, Suite	102, Alt	amonte Sp	rings, FL	32714	
		(Current mailing addre	ess)			-	•
·	etiág consulti					on of mar softwa	
(Purpose)	s) of corporation authoriz	ed in nome state or cot	miry to be carri	ed out in state of	riorida)	5510	
9. Name and str	<u>eet address</u> of Florida	registered agent:	P.O. Box or N	Mail Drop Box	NOT acceptab	le)	
Name:	Paul R. Hall						_ =
Office Address:	103 Knollcres	t Drive	·			•	-
	Longwood, FL	32779	, Florida ,	32779		-	
	(City)			(Zip code)			
Having been nan designated in thi further agree to	igent's acceptance: ned as registered agen is application, I hereby comply with the provis familiar with and acce	accept the appointmions of all statutes re	ent as registe Lative to the p	red agent and proper and con	agree to act in oplete perform	this capacity.	
	. D. D. J.						

(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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rector: _	Paul R. Hall	د"
ldress: _	103 Knollcrest Drive	
_	Longwood, FL 32779	
rector: _	Gail E. Hall	
ldress:	103 Knollcrest Drive	
_	Longwood, FL 32779	
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	Longwood, FL 32779	
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12. Names and business addresses of officers and/or directors:

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

MASTERY MARKETING GROUP, INC.

incorporated under the laws of Connecticut is in existence.

Secretary of the State

Date Issued: April 8, 2002