Joanna Dove	LAGOUM MIND ER HSOS	
REFERENCE: (Sub Account)	9504952-1	
DATE:	6/5	
REQUESTOR 'NAME:	Lexis Document Services &	
ADDRESS:	THE PRESENT OF THE PR	
TELEPHONE: (_ CONTACT NAME:		
CORPORATION NAME:	Corum Group, Inc.	, .
DOCUMENT NUMBER:	J-7000 28	
AUTHORIZATION:	Cynthin J. Woodsgard (oreign ! wort	7
CERTIFIED COPY CERTIFICATE OF PLAIN STAMPED	(1-9) STATUS (1-9) 4000056927342 COPY	
() Call When Roady () Walk In () Mail Out		
	Will Walt () After 4:30 Will Walt () Plock Up OZ JUN -5 PH P: 3: ON -5 PH P	
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	BK SALO	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Corum Group	OREIGN CORPORATION o. Inc.			影がかり
(Name of corpo	ration; must include the wor	guage as will clearly indic	"COMPANY", "CORPORATION" of cate that it is a corporation instead of a at.)	
. Delaware		. 3.	75 - 288848 (FEI number, if applicable)	6
(State or country	y under the law of which it is	incorporated)	(FEI number, if applicable)	
9-10-1999		5. perpetual		
(Da	te of incorporation)	(Duration:	Year corp. will cease to exist or "per	petual")
. <u>UPon</u>	t transacted flusiness in Flori	da VISEE SECTIONS 60	07.1501, 607.1502 and 817.155, F.S.)	4
	_		77.1301, 007.1302 and 317.133, k.s.,	
	<u> 1915. W. 2</u>	27 Lane		<u></u>
\mathcal{N}	liami. FL	33155		200 4
	liami, Fl	rrent mailing address)		Ell F
Investments,				entable)
(Purpose	(s) of corporation authorized	in home state or country	to be carried out in state of Florida)	
Name and st	unt address of Florida w	aciatawad accepts (D.O.	Day or Mail Dran Day NOT ago	amtoblo)
. Name and su		egistered agent: (P.O.	. Box or Mail Drop Box NOT acc	sbrange)
Name:	CorpAmerica, Inc.		· · · · · · · · · · · · · · · · · · ·	
	15 tV\ 416 S. E. Street			
Office Address:	10 C. E. G. G.		-	·
	Fort Lauderdale		- Florida 33316	
			, Florida, 33316 (Zip code)	
0. Registered :	agent's acceptance:			
	hereby accept the appointm	ent as registered agent a	ss for the above stated corporation at nd agree to act in this capacity. I fu	ther agree to comply
			erformance of my duties, and I am fo	imuiar wiin ana acce _l
ith the provision	my postiton as registerea ag	// -		,
	x (pa	Registered agent's signatur	Azsistant s	secretary
ith the provision. ne obligations of	× (/Oa	Registered agent's signatu	re) A > 3.3 + a.n. + s an 90 days prior to delivery of this ap	•

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: <u>ELSA</u> M. LOPEZ
Address: 827/ S. W. 27 LANE
MIAMI FL 33155
Vice Chairman:
Address:
Property of the second
Director: MIGUEL A. LOPEZ
Address: 827/ S.W. 27 LANE
MIAMI FL 33155
Director:
Address:
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: ELSA M. LOPEZ
Address: 827/ S. W. 27 LANE
Mi Ami FL 33155
Vice President: MIGUEL A. LOPEZ
Address: 827/ S. W. 27 LANE
Mi Ami FL 33155
Secretary: ELSA M. LOPEZ
Address: 827/ S.W. 27 LANE
MIAMI FL 33155
Treasurer: ELSA M. LOPEZ
Address: 8271 S. W. 27 LANE
MIAMI FL 33155
NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors
13. (Signature of Chairman, Vace Chairman, or any officer listed in number 12 of the application)
14. ELSA M. LOPEZ (Typed or printed name and capacity of person signing application)
() L Lu

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORUM GROUP, 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 FOURTH DAY OF JUNE, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORUM GROUP, INC." WAS INCORPORATED ON THE TENTH DAY OF SEPTEMBER, A.D. 1999.

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

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1811325

DATE: 06-04-02

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