F02000003160 TRANSMITTAL LETTER

TO:

TO: Registration S Division of Co			
SUBJECT:	mouter Nec	DAS TAC	
	(Name of corpo	oration - must include suffix)	
Dear Sir or Madam:			
	ice", and check are submitted	n for Authorization to Transac d to register the above referen	
	spondence concerning this m		
Brantle.	Y Smith (Name ter Needs -		J00058777226
Compu	nam ter Needs -	ne or Person)	-06/20/0201023003 *****78.75 *****78.75
	(Firm	n/Company)	
doire i	-ong Meado	w Dr.	
) (Address)	
Tamon	FI 33 W	15	
	(City/S	tate and Zip code)	-
For further information	n concerning this matter, ple	ease call:	
(Name of Per	son) at (O	urea Code & Daytime Telepho	产资 ?
STREET ADDRESS: Registration Section Division of Corporatio 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for	ons	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	LED W. OF ST
Enclosed is a check to	r 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

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. Compared Deeds ToC. (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. Delaware (State or country under the law of which it is incorporated) 3. 37-1424144 (FEI number, if applicable)	
4. Feb. 19, 2002 (Date of incorporation) 5. Perps + val (Duration: Year corp. will cease to exist or "perpetual")	
6. Open 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. alole Long Meadon Dr. Tampa, Fl 33615 (Principal office address)	
7. Alelle Long Meadow Dr. Tampa, Fl 33615 (Principal office address) Alelle Long Meadow Dr. Tampa Fl 33615 (Current mailing address)	
8. Natural Services (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: Tracey Smith	
Office Address: 96 le Long Weadow Dr.	
Office Address: 94/4 Lang Weadow Dr. Tawpa , Florida 33415 (City) (Zip code) To Registered agent's accontance:	
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. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	, I
duties, and I am familiar with and accept the obligations of my position as registered agent.	
Macly Schuth (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.

$1\dot{2}$. Names and business addresses of officers and/or directors:

. DIRECTORS	
hairman:	
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ice Chairman:	
ddress:	
irector:	
ddress:	
ddioss.	
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rirector:	
ddress:	<u> </u>
—————————————————————————————————————	—
OFFICERS ET	
resident: Brantley P. Snith TIE SES	
ddress: alelle Long Meadow Dr.	
Tampa F1 33615	
ice President: 5050 Wyse	
ddress: 1448 1304 Aug. No.46	
ddress: 1/448 130th Ave. North Largo F1 33778	
•	
	<u>. </u>
ddress:	—-··
reasurer:	—
ddress:	
OTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
RAL (MATT)	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
4. Brantley P. Smith TIT	
(Typed or printed name and capacity of person signing application)	



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPUTER NEEDS, 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 TWENTY-FIRST DAY OF MAY, A.D. 2002.



AUTHENTICATION: 1787914

3493243 8300

DATE: 05-21-02