

F02 000000387C

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GERMAN INTERNET SERVICE CORP.
(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:

JOACHIM K. GRAFE
(Name of Person)

GERMAN INTERNET SERVICE CORP.
(Firm/Company)

9283 PARMAN RD
(Address)

JACKSONVILLE, FL 32222
(City/State and Zip code)

For further information concerning this matter, please call:

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-07/29/02--01077--010
*****70.00 *****70.00

JOACHIM GRAFE at (302) 213 9152
(Name of Person) (Area 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 ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

7/30 West

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

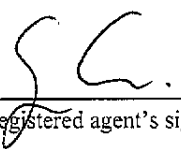
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. GERMAN INTERNET SERVICE CORP
(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 3. 52-2303644
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 20 2001 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON 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. 9283 PARMAN RD, JACKSONVILLE, FL 32222
(Principal office address)
9283 PARMAN RD, JACKSONVILLE, FL 32222
(Current mailing address)
8. INTERNET SERVICE
(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: JOACHIM K. GRAFE
Office Address: 9283 PARMAN RD
JACKSONVILLE, Florida 32222
(City) (Zip code)

FILED
02 JUL 29 AM 11:13
TALLAHASSEE, FLORIDA

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

Chairman: JOACHIM K. GRAFE

Address: 9283 PARMAN RD,
JACKSONVILLE, FL 32222

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JOACHIM K. GRAFE

Address: 9283 PARMAN RD
JACKSONVILLE, FL 32222

Vice President: BIRGIT GRAFE

Address: 9283 PARMAN RD
JACKSONVILLE, FL 32222

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOACHIM K. GRAFE, PRESIDENT
(Typed or printed name and capacity of person signing application)

Delaware

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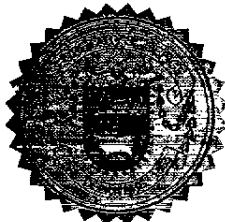
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GERMAN INTERNET SERVICE CORP." 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-SECOND DAY OF JULY, A.D. 2002.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GERMAN INTERNET SERVICE CORP." WAS INCORPORATED ON THE TWENTIETH DAY OF MARCH, A.D. 2001.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3370453 8300

AUTHENTICATION: 1895002

020465421

DATE: 07-22-02