F03000000366

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Rand Imaginit Technologies 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:						
Mark Marie						
(Name of Person)						
5 Rand Worldwide						
(Firm/Company)						
5285 Solar Drive						
(Address)						
Mississauga, Ontario LYW5B8 / CANADA						
(City/State and Zip code)						
For further information concerning this matter, please call:						
U 14. 650 Coc 6000						
Mark Maric at (905=) 625-2000						
(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 \$\ \times \text{\$78.75 Filing Fee & Certified Copy} \ \text{\$87.50 Filing Fee, Certified Copy} \ \text{\$Certified Copy} \ \t						

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RAND IMAGINIT TECHNOLOGIES, 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 THIRTEENTH DAY OF JANUARY, A.D. 2003.



Harriet Smith Windson, Secretary of State

3589243 8300

030023757

AUTHENTICATION: 2201586

DATE: 01-13-03

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIAN REGISTER A F	CE WITH SECTION 607.1503, OREIGN CORPORATION TO	. FLORIDA STATUTE. TRANSACT BUSINES	S, THE FOLLOWING I IS IN THE STATE OF I	IS SUBMITTED TO FLORIDA	
1. R		Technolog		3	
	oration; must include the word "II	vcorporated", "cď	MPANY", "CORPORAT	TON" DY	
words or abbre	eviations of like import in languag or partnership if not so contained	e as will clearly indicate to the name at present \	that it is a corporation ins	tead of a	
1.1	r		70 ~ 29 30	1762 2	
	aware		18-0383°		
•	ry under the law of which it is inco	•	(FEI number, if app	blicable 5	
4No		5. 宝	Perpe	tuals	
•	ate of incorporation)		n: Year corp. will cease t	o exist of "perpetual")	
6. Upc	on qualification	<u> </u>		<u></u>	
(Date first trans	acted business in Florida. If corp (SEE SECTI	oration has not transacted ONS 607.1501, 607.1502		rt "upon qualification.")	
7. 1801	West Colonia	1 Drive	Orlando	, Florida 3:	28
_	(ピロカペ	IMOI OTTICA AMAZACOI	•	•	
<u> 5a85</u>	Solar Dr	IVE, HISSIS	saya, Ont	TIMPR8 M	TAX
	(Сите	nt mailing address)	U		
,	1 . 0	as south in	2 1-acd-10/0	Inc. 20 4 (~~^
8. <u>f</u> esel				training ? (LX!
(Purpose	e(s) of corporation authorized in he	ome state or country to be	carried out in state of Fl	orida)	
9. Name and <u>st</u>	reet address of Florida regist	ered agent: (P.O. Bo	k or Mail Drop Box <u>N</u> C	OT acceptable)	
Nīgama a.		<u></u>		·_	
Name:	Corporation Service Co	moany			
Office Address:	1201 Hays Street		.,		
		~ <i>-</i> >•••••	a		
	Tallahassee (City)	<u></u> ₹₽1(orida <u>32301</u> (Zip code)	रूप 	
	(4.5)		(2.4 0020)		
	agent's acceptance:				
	med as registered agent and to is application, I hereby accept				,
	comply with the provisions of				
duties, and I am	familiar with and accept the	obligations of my posit	tion as registered agen	L.	
			a		
		111	Stanley F	R. Howie , Jr. at Secretary	*
	#6	way lb/Lame	Assistan	il Jeuleialy	
	(Regist	ered 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. DIRECTO	ORS .	<u>-</u>			
Chairman: See	attached officers/direc	tors rider			
Address:		For more		700	
				5 5 1	
			漫	PAST PAST	
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	73 m.		·····································	3 2	
	<u> </u>	<u> →</u>	<u></u>		
Address:					
	<u> </u>	- 5	<u></u>		
Director:	₩ . ₩.				
Address:	<u> </u>		· 》 		
	<u> </u>				
B. OFFICER		_			
	attached_officers/direc	tore rider	i Line in the second		
				`	
Address:					
					
Vice President:			Andrew Control of the		
Address:		** <u>=</u>	新 		
				· ·	
Secretary:			<u> </u>		
			*		
					
		<u></u>	-		
Address:	`				
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.					
	"41 ml).	/			
13	(Signature of Chairman, Vice C	Chairman, or any officer listed	in number 12 of the ap	plication)	
14	the same sail in	1 , Director t.		•	
17,		and capacity of person signi	 		

List all owners: Sole proprietor, partners, officers, and LLC members.

> Baldesarra, Frank Name (Last, First, Middle)	=Director & President
1170 Derry Road West Home Address (Street or PO Box)	Ot 10/54 Date of Birth
Mississauga Orlano Conada City Province Postal Code L4W IAI	905-625-2000 Telephone Number
> Sem KIW, Brian Name (Last, First, Middle)	Director & Vice-President
2020 Lakeshore Blud. West ! Home Address (Street or PO Box)	Date of Birth
Oakrille Orlando Canada USI 1H3 City Province Postal Code	905-625-2000 AHA. SA TELEPHONE Number ASSE
> Senkiw, Dennis Name (Last, First, Middle)	Director : Secretario / Ticeasorer
4110 Molly Avenue Jr Home Address (Street or PO Box)	ne 17/42 Date of Birth
Mississanga Orland Cerada 142 EZ City Province Postal Code	905-625-2000 Telephone Number
Name (Last, First, Middle)	Chief Financial Offices
44 Parkshore Place Mc Home Address (Street or PO Box)	Date of Birth
Carliste Onterio Canada LORIHI City Province Postal Code	905-625-2000 Telephone Number