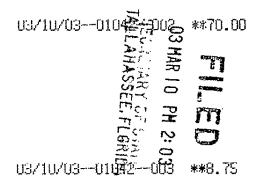
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Çertificates of Status
Special Instructions to Filing Officer:
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####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

March 10, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5804000 SO Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Ishopsecure, Inc. (DE) Cert Copy of Certificate of Authority Florida

Ishopsecure, Inc. (DE) Qualification Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

O3 HAR 10 PH 2: 03

SECRETARY OF SORT

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## CT CORPORATION

Sincerely,

Brigham Weir

Fulfillment Specialist

Brigham\_Weir@cch-lis.com

O3 MAR 10 PH 2: 03
TALLAH ASSEE, FLORIDA

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

# 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. -iShopSecure, Inc. (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.) Delaware 3. 87-0687836.

(State or country under the law of which it is incorporated) (FEI number, if applicable) 5 Perpetual

(Duration: Year corp. will cease to exist or "perpetual") February 24, 2003 (Date of incorporation) March 4, 2003 (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.) 1550 Sawgrass Corporate Parkway, Suite 220, Ft. Lauderdale, Florida 33323 (Principal office address) 1550 Sawgrass Corporate Parkway, Suite 220, Ft. Lauderdale, Florida 33323 (Current mailing address) Any lawful purpose authorized under the Florida Business Corporation Act (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) C T Corporation System Office Address: \_ \_ 1200 South Pine Island Road, Plantation, 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. Michael E. Jones Assistant Secretary (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.

Chairman:			····		<del></del>		
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B. OFFICERS	(See Exhibit A a	attached heret	o and incom	rporated he	rein by r	eferen	ce)
B. OFFICERS		attached heret	co and inco	rporated he	erein by r	eferen	ce)
B. OFFICERS  President:  Address:	(See Exhibit A a	attached heret	co and incom	rporated he	erein by r	referen	ce)
B. OFFICERS  President:  Address:  Vice President:	(See Exhibit A a	attached heret	co and incom	rporated he	erein by r	referen	.ce)
B. OFFICERS  President:  Address:  Vice President:  Address:	(See Exhibit A a	attached heret	o and inco	rporated he	erein by r	eferen	.ce)
B. OFFICERS  President:  Address:  Vice President:  Address:  Secretary:	(See Exhibit A	attached heret	eo and incom	rporated he	erein by r	eferen	.ce)
B. OFFICERS  President:  Address:  Vice President:  Address:  Secretary:  Address:	(See Exhibit A	attached heret	eo and incom	rporated he	erein by r	eferen	.ce)
B. OFFICERS  President:  Address:  Vice President:  Address:  Secretary:  Address:	(See Exhibit A	attached heret	eo and incom	rporated he	erein by r	eferen	.ce)
B. OFFICERS  President:  Address:  Vice President:  Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If neces	(See Exhibit A	addendum to the ap	oplication listin	rporated he	erein by r	referen	ce)

#### **EXHIBIT A**

#### **DIRECTORS AND OFFICERS**

#### **Directors:**

Stephen D. Kane c/o of iShopSecure Inc. 1550 Sawgrass Corporate Parkway Suite 220 Ft. Lauderdale, Florida 33323

Andrew Morin c/o iShopSecure, Inc. 1550 Sawgrass Corporate Parkway Suite 220 Ft. Lauderdale, Florida 33323

#### Officers:

Stephen D. Kane Chief Executive Officer c/o of iShopSecure Inc. 1550 Sawgrass Corporate Parkway Suite 220 Ft. Lauderdale, Florida 33323

Joseph A. McDonnell President c/o iShopSecure, Inc. 1550 Sawgrass Corporate Parkway Suite 220 Ft. Lauderdale, Florida 33323

Andrew Morin
Secretary
c/o iShopSecure, Inc.
1550 Sawgrass Corporate Parkway
Suite 220
Ft. Lauderdale, Florida 33323



# Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ISHOPSECURE, 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 MARCH, A.D. 2003.



Darriet Smith Windson Secretary of State

AUTHENTICATION: 2288162

DATE: 03-04-03

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