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(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
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BY JUNE OF CORPORATIONS TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: DATA AGENTS, INCORPORATED
(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:
CIARE PALMER (Name of Person)
(Name of Person)
OATA AGENTS, INC. (Firm/Company)
(Firm/Company)
10971 NORTH FEDERAL HIGHWAY, SUITE 300
(Address) BOCA RATEN, FL 33487 (City/State and Zip code)
BOCA RATEN, FL 33487
(City/State and Zip code)
For further information concerning this matter, please call:
CIARE PALMER at (561) 995 4666
(Name of Person) at (SGI) 995 4666 (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:
S70.00 Filing Fee S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy S87.50 Filing Fee, Certified Copy

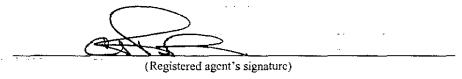
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

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. <u>UATA</u>		NTS /NC					2 a
					"CORPORATION		By A
		, - ,			corporation instead	of a which	10/
natural person o	r partnership	if not so contained	in the name at pr	esent,)		15	5 TO 100
2. VIRGIN			2	54-1860	11/4	1/2	
(State or country	under the law	v of which it is inc	omorated)	1811 1811	number, if applica	ble)	*************************************
· ·			=		= =	ioic)	
4. <u>プロレイ</u> (Dat	10.	199Ce	5,	PERPET	URL		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
(Dat	e of incorpora	ition)	(Duration: Year co	orp, will cease to ex	ist or "perpet	ual")
6. UPON	0	c /					40
			ion bos - at to	ananatad busingas	in Florida, insert "v		45 22\
(Date first transa	cted business	-		507.1502 and 817.1		ipon quannea	HOIL)
			,			_	
7. 300 M	LAWS	CIRCLE	, 110	Willia	nsburg, Ut	<u>9 - 2318</u>	<u> </u>
y sametan		(Prin	cipal office addres	ss)			
200 M	c/pine	CIACLE	117	(1) (1)	macanela 1	M. 231	x5
<u> </u>	27110	(Curr	ent mailing addres	29)	msbuce, L	<u> </u>	<u></u>
		(Curr	en maning addres	30,			
_	1_	•					
8. SALE	<u> 5 / PR</u>	DOUCTION	· :=	<u> </u>		<u> </u>	<u>*=, </u>
(Purpose)	s) of corporati	ion authorized in l	ome state or cour	itry to be carried or	ut in state of Florid	a)	
9. Name and str	oot address	of Florida regio	tound agants (O Day on Mail	Draw Day NOT		
		•		T.O. DOX OF MAIL	Diob pox MAT	ассергаоге)	
Name:	CIARE	= PALME	K				
Office Address:	6971	N. FEDER	AC HIGHL	008 , 4 <u>NU</u>	•		= :
,							
	<u>Bocn</u>	RATON		, Florida <u>3</u> (2	<u> 348+</u>		
		(City)		(2	Zip code)		
10 Pagistared a	nant [†] e gees	ntanca					

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.



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:

DIRECTORS	
airman:	
dress:	
	11/C3. 14/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A
ce Chairman:	
ldress:	SEPRO MO
	- Contract of the contract of
rector:	
	
OFFICERS	*\ 0.
	NEIL PALMER
•	300 MCLAWS CIRCLE, SUITE 110
	WILLIAMSBORG, VA. 23185
	VINCE PALMER
dress:	6971 N. FEDGEAL HIGHWAY, SUITE 300
	BOCA LATON , FL. 33487
*	FEAN ROGERS
dress:	300 MCLAWS CIRCLE, SUITE, 110, WILLIAMSBURG, VA. 23/85
easurer:	
dress:	
OTE: If necessa	ny, you may attach an addendum to the application listing additional officers and/or directors.
(S	ignature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
Vin	ICE PALMER.
	(Typed or printed name and capacity of person signing application)

Commontoealth of Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

DATA AGENTS, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is July 10, 1996.

Nothing more is hereby certified.





Signed and Sealed at Richmond on this Date: March 25, 2003

Joel H. Peck, Clerk of the Commission