

F03000001931

00855-00647-02963

(Requestor's Name)

Xtensible Solutions, Inc.
762 Loggerhead Island Drive
Satellite Beach, FL 32937

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 APR 16 PM 3:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Xtensible Solutions, 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:

Timothy M. Purnell, Esq.
(Name of Person)

Coon, Johnston & Purnell, PC

(Firm/Company)

9422 Old Town Court

(Address)

Manassas, VA 20110

(City/State and Zip code)

For further information concerning this matter, please call:

Timothy M. Purnell

(Name of Person)

at (703) 368-9196

(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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 4, 2003

TIMOTHY M. PURNELL, ESQ.
COON, JOHNSTON & PURNELL, PC
9422 OLD TOWN COURT
MANASSAS, VA 20110

SUBJECT: XTENSIBLE SOLUTIONS, INC.
Ref. Number: W03000009595

We have received your document for XTENSIBLE SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 803A00020409

**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. Xtensible Solutions, 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.)
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 3, 2003 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. 762 Loggerhead Island Drive, Satellite Beach, FL 32937
(Principal office address)
762 Loggerhead Island Drive, Satellite Beach, FL 32937
(Current mailing address)
8. Electric Utilities System Integration Consultants; and other lawful business
(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: Mr. Gregory M. Robinson
Office Address: 762 Loggerhead Island Drive
Satellite Beach, Florida 32937
(City) (Zip code)

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.

Gregory M. Robinson

(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.

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03 APR 16 PM 3:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Mr. Gregory M. Robinson

Address: 762 Loggerhead Island Drive
Satellite Beach, FL 32937

Vice Chairman: _____

Address: _____

Director: Mr. Terrance L. Saxton

Address: 18125 23rd Avenue North
Plymouth, MN 55447

Director: _____

Address: _____

B. OFFICERS

President: Mr. Gregory M. Robinson

Address: 762 Loggerhead Island Drive
Satellite Beach, FL 32937

Vice President: Mr. Terrance L. Saxton

Address: 18125 23rd Avenue North
Plymouth, MN 55447


Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Mr. Gregory M. Robinson, Chairman and President
(Typed or printed name and capacity of person signing application)

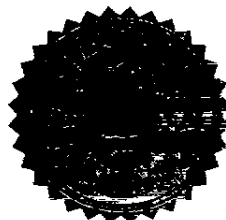
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XTENSIBLE SOLUTIONS, 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 SEVENTH DAY OF MARCH, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3630633 8300

AUTHENTICATION: 2295603

030153264

DATE: 03-07-03