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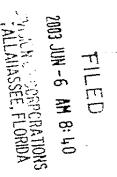
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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: WETHE ABOUT MID ATLANTIC, TWO (Name of corporation - must include suffix)				
(Name of corporation	on - 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:				
Jones Former	€ 5			
TERN Former (Name of	Person)			
DECTENDIUM CORPORA (Firm/Co.	7100			
(Firm/Co	mpany)			
10101 S WBANGUR BLVD # ZOS (Address)				
(Address)  (Address)  (OT 97219  (City/State and Zip code)				
PORTUGAD OR 9	37219			
(City/State and Zip code)				
For further information concerning this matter, please call:				
(Name of Person) at (573) 768-3900 (Area Code & Daytime Telephone Number)				
(Name of Person) (Area C	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 \$\sigma\$ \$78.75 Filing Fee \$\sigma\$ Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & 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.				
	(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.)			
	matural person of partnership it not so contained in the name at present.)			
2.	(State or country under the law of which it is incorporated)  3. 52-2304328 (FEI number, if applicable)			
	(State or country under the law of which it is incorporated) (FEI number, if applicable)			
4.	(Date of incorporation)  5. PERPETUAL  (Duration: Year corp. will cease to exist or "perpetual")			
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")			
6.	UPON QUALIFICATION 92/0			
	(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	1701 N. Forbosce 4A4 BOCK RATON PC 33432 (Principal office address)			
•	10101 Stuff (made 2/100 1) 705 Part of 0 00 00710			
•	10101 SWAMBIN BUND # 205 PONTUALS, OR 97219 (Current mailing address)			
	(can an included a constant of the constant of			
8.	PRANCHISE SHUS / WIGHL DOCUMENT PROPATION			
σ.	(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: 6M CZARCNECK			
Of.	fice Address: 1701 N. Postoval Way			
	(City), FLA, Florida 33432 (Zip code)			
	(City) (Zip code)			
	Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the place			
	signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I			
fur	ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my			
dui	ties, and I am familiar with and accept the obligations of my position as registered agent.			
	Of all a			
	Chale offgreeaste			
	(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: 6 M CZARNECKI	
Address: 170: N. Forder usy	
BUCH RATON, PC 334	37
Vice Chairman:	
Address:	
Director:	124
Address:	
Director:	
Address:	27
D. OFFICERS	· · · · · · · · · · · · · · · · · · ·
B. OFFICERS	•
President:	
Address:	
•	
Vice President:	
Address:	
Secretary:	
Address:	
reasurer: SERN POLIMEN	· · · · · · · · · · · · · · · · · · ·
Address: 10101 SWASNBUR, BUD # 7	205, PONTUND OR 97219
NOTE: If necessary, you may attach an addendum to the application lis	sting additional officers and/or directors.
3. Cym Preud	
(Signature of Chairman, Vice Chairman, or any officer I	isted in number 12 of the application)
4. JOHN Romon.	
(Typed or printed name and capacity of person s	signing application)

# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WE THE PEOPLE MID-ATLANTIC, 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 FIFTH DAY OF MAY, A.D. 2003.





Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2398872

DATE: 05-05-03

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