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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE DECTENA (Name of corpo	Oration - must include suffix)
Dear Sir or Madam:	
"Certificate of Existence", and check are submitted to transact business in Florida.	n for Authorization to Transact Business in Florida d to register the above referenced foreign corporalise
Please return all correspondence concerning this m	
JEAN FOLWER, CF	O
JEAN FOLMEN, CF	ne of Person)
DELTENNIUM COR	PURATION
(Firm	n/Company)
10101 SW BAR	, •
	Address)
DOLT DUD MESO	1N 877/6
PORTLAND ONESOO (City/S	tate and Zip code)
` •	•
For further information concerning this matter, ple	ease call:
1 of thicker information concerning and material, pro-	
JAN REMINE ST.	73 768 - 3900
(Name of Person) (A	rea Code & Daytime Telephone Number)
CONTROLLER	e de la companya de l
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\times \text{Certificate of Status}\$	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certified Copy 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. THE DELTENNIUM GROVP, 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. No Award 3. 57-1977399 (State or country under the law of which it is incorporated) (FEI number, if applicable)	{
Take to the second of the seco	•
4. April 17 1996 5. PERPETULE TO PERPETULE TO PERPETULE TO PERPETULE TO PERPETULE TO PERPETUAL T	4
(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.")	Ż
(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.)	1
7. 1701 N. FEDERLE HUN BUCKPATON FL 33432 (Principal office address)	
(Principal office address)	
10101 SIN BAKBUR BUVD # 205 PURTLAND, OR 97219 (Current mailing address)	
(Current mailing address)	
8. CONSULTING FRANCHISE SUES (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: G.MCZAN NOCICI	-
Office Address: 1701 N. FEDERAL HWY	
BOCH RATON, Florida 33432 (City) (Zip code)	_
(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.	
Chal Hounds	
(Registered agent's signature)	
the state of the s	

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: _ Road Address: 33432 Katon Vice Chairman: Address: _ Director: **B. OFFICERS** Address: __ Vice President: __ Address: _ Secretary: Address: _ Treasurer: Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE DELTENNIUM GROUP, 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.





Warriet Smith Hindson

farriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2398868