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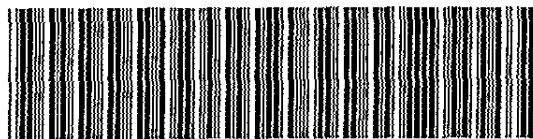
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07/15/03--01028--002 **78.75

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03 JUL 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MISSIONMODE 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:

THEODORE COLLINS
(Name of Person)

(Firm/Company)

6680 ST. CROIX TR.
(Address)

HASTINGS, MN 55033
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

THEODORE COLLINS at (657) 331.7280
(Name of Person) (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:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, 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. MISSIONMODE 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. MINNESOTA 3. 56-2348927
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/25/03 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. 6230 TENTH AVE. SUITE 220; OAKDALE, MN 55728
(Principal office address)
6680 ST. CROIX TRAIL, HASTINGS, MN 55033
(Current mailing address)
8. CONDUCT SALES, DEVELOPMENT, AND OPERATIONS OF
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
COMPUTER SOFTWARE.
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: MARK FETHEROLF
Office Address: 1090 N. OCEAN BLVD
PALM BEACH, Florida 33480
(City) (Zip code)

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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.


(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: THEODORE COLLINS

Address: 6680 SE. CROIX TR
HASTINGS, MN 55033

Vice Chairman: _____

Address: _____

Director: MARK FETHEROLF

Address: 1090 OCEAN BLVD
PALM BEACH, FL 33480

Director: _____

Address: _____

B. OFFICERS

President: THEODORE COLLINS

Address: ABOVE

Vice President: _____

Address: _____

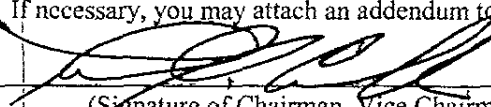
Secretary: MARK FETHEROLF

Address: ABOVE

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. THEODORE COLLINS, PRESIDENT

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

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TALLAHASSEE, FLORIDA

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

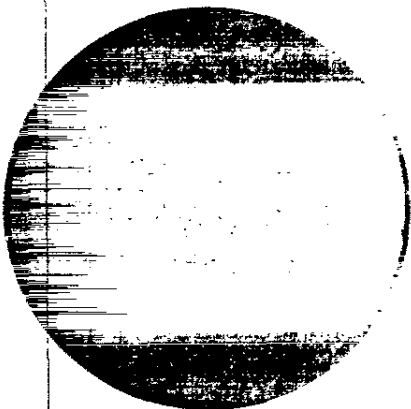
Name: MissionMode Solutions, Inc.

Date Formed: 04/25/2003

Chapter Governed By: 302A

This certificate has been issued on 07/11/03.

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03 JUL 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Mary Kiffmeyer
Secretary of State.