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(Requestor's N	lame)
(Address)	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	T MAIL
(Business Entit	ty Name)
(Document Nu	mber)
Certified Copies Certif	icates of Status
Special Instructions to Filing Office	F:





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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MEDIS	IS CORPORATION
(Name of corporation	- must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Ast "Certificate of Existence", and check are submitted to reg to transact business in Florida.	
Please return all correspondence concerning this matter to	o the following:
JOSH KONIGSBERI	Ç
(Name of P	
MENSYS CORP.	
(Firm/Com	
800 VILLAGE SC	& CROSSING #114
PALM BEACH GAR	DENS FC 33410
(City/State and	i Zip code)
For further information concerning this matter, please cal  Sold Confessed at (S6)  (Name of Person) (Area Co	de & Daytime Telephone Number)  G22. 5889  G3 NG 29 PH 3:
Registration Section  Division of Corporations  409 E. Gaines St.	MAILING ADDRESS:  Registration Section Division of Corporations P.O. Box 6327 Fallshassee, FL 32314
Enclosed is a check for the following amount:	
	78.75 Filing Fee & Status & 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. CORPORATION 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.) 2. (Date first transacted business in Florida. It corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 8. ESTABLISH CORPORATIONS PRIMARY OFFICE IN

(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) N. FEDERAC HWY #308-A3 Office Address: MPANO, Florida 33064 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. 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. DIREC	_
Chairman: _	JOSHUA KONIESBERG
Address:	194 SANDA BARBARA WAY
<u></u>	PAUN BRACH GARDIEUS, FC 33 410
Vice Chairm	STEUEN VAUGHN
Address:	366 Bracken Wood Circle
	Palm Beach Gardens, FL 33418
Director:	BRIAN GIBSON
Address:	4701 N. FED KWY #308-A3
	$\lambda$
	PONPANO, FL 32064 景觀
Address:	P NOT
	9. 44
B. OFFIC	TPDG
	JOSHUA KONIG SBERG
	800 VILLAGE SQUIRES CROSSING SUTTE 114
AUII 635	Rom Board Gorden, Fl 33410
	STEVEN VAUGHN
	366 Bracken Wood Circle
Address:	Palm Beach Gardens, FL 33418
Carrature	DRIAM CIRCON
Address:	4701 N. FED KWY #302-AZ PONPANO EL 3306
	4701 N. FED HWY #308-A3 PONPANO, FL 3306 STEVEN VAUGHN 166 Bracken Wood Circle Pala Beach Gardens FL 33418
Address S	166 Branka Wand Circle Pala Beach Gardens FL 33418
Address,	
NOTE: I	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	(Typed or printed name and capacity of person signing application)
	A TO THE PERSON OF THE PERSON

# Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDISYS CORPORATION" 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 TWENTY-FIRST DAY OF AUGUST, A.D. 2003.

DIVISION OF CORPORATIONS
03 AUG 29 PM 3: 12



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2593977

DATE: 08-21-03

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