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TRANSMITTAL LETTER

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STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: EUROPASKY CORPORATION
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT L. ZIMMERMAN
(Name of Person)

EUROPASKY CORPORATION
(Firm/Company)

150 153RD AVE. STE 202
(Address)

MADEIRA BEACH FL 33708
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT L. ZIMMERMAN at (727) 393-2885
(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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

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IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. EUROPASKY CORPORATION
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. DELAWARE 3. 59-3130080
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. JULY 2, 1992 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1994 (SUBSEQUENT WITHDRAWAL FILED 2001)
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 617.155, F.S.)

7. 150 153RD AVE. STE 202 MADEIRA BEACH, FL 33708
(Principal office address)

SAME
(Current mailing address)

8. LEASING
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)


Name: DEBORAH A. VITALE

Office Address: 150 153RD AVE STE 203

MADEIRA BEACH, Florida 33708
(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.


(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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: DEBORAH A. VITALE

Address: 150 153RD AVE. STE 203
MADEIRA BEACH, FL 33708

Vice Chairman: _____

Address: _____

Director: GREGORY A. HARRISON

Address: 16209 KIMBERLY GROVE
GAITHERSBURG, MD 20878

Director: _____

Address: _____

B. OFFICERS

President: DEBORAH A. VITALE

Address: 150 153RD AVE. STE 203
MADEIRA BEACH, FL 33708

Vice President: GREGORY A. HARRISON

Address: 16209 KIMBERLY GROVE
GAITHERSBURG, MD 20878

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. DEBORAH A. VITALE CHAIRMAN
(Typed or printed name and capacity of person signing application)

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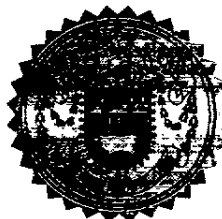
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FALLAWASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EUROPASKY 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2003.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State