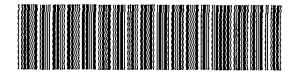
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Office Use Only



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 20, 2003

RAUL J. MENDEZ II 2624 SW 107 CT. MIAMI, FL 33165

SUBJECT: INFO2SOLUTIONS, INC.

Ref. Number: W03000023648

We have received your document for INFO2SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 703A00047173

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# TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: INFOZSOLUTIONS, INC.	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in F "Certificate of Existence", and check are submitted to register the above referenced foreign corto transact business in Florida.	lorida", poration
Please return all correspondence concerning this matter to the following:	
RAUL J. MENSEZ II. (Name of Person)	<i>t</i> = :
(Name of Person)	
INFOZ SOLUTIONS, INC.	<u></u> ,
(Firm/Company)	
2624 SW 107 Ct.  (Address)  MIAMI, FL 33/65  (City/State and 7in code)	<u></u>
(Address)	
MIAMI, FL 33165	<u></u>
(City/State and Zip code)	
For further information concerning this matter, please call:	
RAUL MENDET at (305, 221-3465) (Name of Person) (Area Code & Daytime Telephone Number)	<u></u>
(Name of Person) (Area Code & Daytime Telephone Number)	<b></b>
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  Enclosed is a check for the following amount:  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	SECRETARY OF STATE SINISION OF CORPORATIONS 03 OCT -8 PM 12: 09
☐ \$70.00 Filing Fee ★ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee & ☐ Certificate of Status Certified Copy Certificate Certified Certifie	ing Fee, e of Status &

# 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.
INFOZ 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. WASHINGTON 3. 460 472 32 7 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. DECEMBER 12, 2001 5. PERPETUAL (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "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. 11110 MUKILTED SPEEDWAY, SUITE 304 MUKILTED, WAS
(Principal office address)
2624 SW 107 COURT MIAMI, FL 33165 (Current mailing address)
8. CONSULTING COMPANY  (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: RAUL J. MENDEZ IL
Office Address: 2624 SW 107 COVRT
MIAMI Florida 33(65 (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 superfy, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my complete, and I am familiar with and accept the obligations of my position as registered agent.
RY OF STALLED  (Registered agent's signature)
(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.
under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: RAUL J. MENDEZ IL
Address: 2624 SW 107 COVRT
MIAMI, FL 33165
Vice Chairman: CRAIG P. GUNTHER
Address: 11110 MUKILTED SPEEDWAY, SUITE 307
MUKILTED, WA 98275
Director: VEFFREY A. BUSH
Address: 1110 MUKILTED SPEEDWAY, SUITE 304
MUKILTED, WA 98275
Director:
Address:
B. OFFICERS
President: RAUL J. MENDET II
Address: 2624 SW 107 COVRT
MIAMI, FL 33165
Vice President: 1-CRAIG P. GUNTHER
Address: 11110 MUKILTED SPEED WAY, SUITE 304
MUKILTED, WA 98275
Secretary: Secretary:
Address:
Treasurer: JEFFREY A. BUSH
Address: 11110 MUKICTED SPEEDWAY, SUITE 304 3 25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Sutth
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. KAUL J. MENDEZ 11  (Typed or printed name and capacity of person signing application)
(2) how or homeon memory or horson signing abbrigation)



Secretary of State

I, Sam Reed, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION

**OF** 

# INFO2SOLUTIONS, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on December 12, 2001.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.

Date: September 18, 2003

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital.

Sam Reed, Secretary of State

