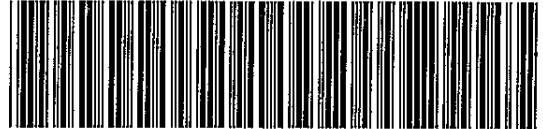


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04 JAN 25 AM 11:10

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



100027262131

01/21/04--01006--012 **78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

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Joseph E. Frank
Peter M. Collins
Lynda L. Marshall (AL, LA)
David J. Spielman

OF COUNSEL

January 16, 2004

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: **3D Virtual Solutions Corp.**

Dear Sir or Madam:

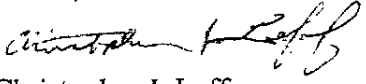
Enclosed are an Application by Foreign Corporation for Authorization to Transact Business in Florida for 3D Virtual Solutions Corp., the form transmittal letter, a certificate of existence, and our firm's check for \$78.75 to cover the filing fee and certified copy fee. Please return all correspondence to me, as indicated in the form transmittal letter.

I also enclose an Application for Registration of Fictitious name on behalf of the same corporation and a separate check for \$50.00 to cover the filing fee for that application. Please send an acknowledgement letter regarding that application to me.

Please contact me if you have any questions regarding either application. Thank you for your attention to this matter.

Cordially yours,

PAUL, FRANK & COLLINS


Christopher J. Leff

Enclosures

cc w/encs.: Mr. Daniel Pilon

355008_v1: 8085-00001

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3D Virtual Solutions Corp.

(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:

Christopher J. Leff, Esq.

(Name of Person)

Paul, Frank & Collins

(Firm/Company)

P.O. Box 1307

(Address)

Burlington, VT 05402-1307

(City/State and Zip code)

For further information concerning this matter, please call:

Christopher Leff

(Name of Person)

at (802) 658-2311

(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

FILED

04 JAN 20 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

04 JAN 20 AM 11: J.
TALLAHASSEE, FLORIDA

1. **3D Virtual Solutions Corp.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Delaware**

(State or country under the law of which it is incorporated)

3. **98-0415168**

(FEI number, if applicable)

4. **December 19, 2003**

(Date of incorporation)

5. **perpetual**

(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. **27499 Riverview Center Blvd., Suite 261, Bonita Springs, FL 34134**

(Principal office address)

Same

(Current mailing address)

8. **sale of virtual animation services.**

(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: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

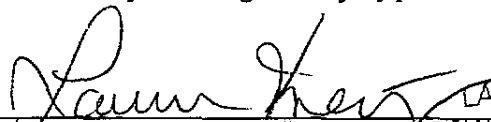
(City)

, Florida **33324**

(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.


LAUREN H. KREATZ.
(Registered agent's signature) SPECIAL ASSISTANT SECRETARY

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: **Martin Boucher**

Address: **2685 Rolland Street, #300**

Ste-Adele, QC J8B 1C9 CANADA

Vice Chairman: _____

Address: _____

Director: **Daniel Pilon**

Address: **2685 Rolland Street, #300**

Ste-Adele, QC J8B 1C9 CANADA

Director: **Clifford D'Aoust**

Address: **2685 Rolland Street, #300**

Ste-Adele, QC J8B 1C9 CANADA

B. OFFICERS

President: **Martin Boucher**

Address: **2685 Rolland Street, #300**

Ste-Adele, QC J8B 1C9 CANADA

Vice President: **Daniel Pilon**

Address: **2685 Rolland Street, #300**

Ste-Adele, QC J8B 1C9 CANADA

Secretary: **Daniel Pilon**

Address: **2685 Rolland Street, #300, Ste-Adele, QC J8B 1C9 CANADA**

Treasurer: **Vice President: Clifford D'Aoust**

Address: **2685 Rolland Street, #300, Ste-Adele, QC J8B 1C9 CANADA**

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

13. _____
(Signature of Director or Officer listed in number 12 of the application)

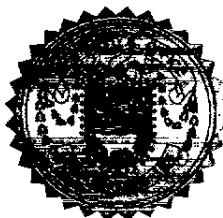
14. **Martin Boucher, President** 
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "3D VIRTUAL SOLUTIONS CORP." 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 JANUARY, A.D. 2004.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3742754 8300

030822760

AUTHENTICATION: 2849797

DATE: 01-05-04