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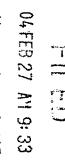
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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Turnleast Solotions Incorporated
(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:
RON NIXON
Non Nixon (Name of Person)
Turnleaf Solutions Incorporated
(Firm/Company)
+0901 W. Toller Dr # 100 890 WEST CHEERY #220
(Address)
(Address)  Littleton, CO 80127 Louisville CO 80027  (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Ron Nixon at 303, 664-9520 x/0/2 (Name of Person) (Area Code & Daytime Telephone Number)
(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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certificate of Status Certified Copy Certified Copy  Certified Copy

Michelle Hodges
Document Specialist
FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
TALLAHASSEE FL 32314

Dear Ms. Hodges,

In response to your Letter Number: 604a00016086, I would like to make a correction in our Application by a Foreign Corporation for Authorization to Transact Business in Florida. This document had been prepared by another person in anticipation of our company doing business in Florida, but the entry into the Florida market was postponed and we began sales in Florida in May of 2003. Not realizing the implications of the incorrect date of 6/1/02 on line six of the application, I submitted it as it was. Please adjust the date on the application and continue processing it.

Please call me at (303)664-9520 ext. 1012 with any questions.

Sincerely,

Ron Nixon

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IIV COMPLIAN REGISTER A F		TRANSACT BUSINESS IN THE STATE OF FLORIDA.		
Tuen	LEAF Solution	ows The		
words or abbro	oration; must include the word "IN	CORPORATED", "COMPANY", "CORPORATION" or as will clearly indicate that it is a corporation instead of a		
2. De	LAWARE	3. 84-1488345		
(State or countr	y under the law of which it is income	porated) (FEI number, if applicable)		
4. <u>09</u> [	17/99 ite officerporation)	5. Par Partual (Duration: Year cord., will cease to exister "perpetual")		
6. 06/0	y oa			. 4
7. <u>890</u>	W. Cherry	of #220 Louisville Co		
80029	<b>.</b>	,		
<del></del>		mailing address)	7,	
(Purpose	(s) of corporation authorized in ho	me state of Florida		· <del>,-</del>
Name:	C T Corporation System	<u> </u>	2	
Office Address:	1200 South Pine Island Road		FEB	
	Plantation	. Florida. 33324	27	-
		(Zip code)	)]	
10. Registered	agent's acceptance;	"INCORPORATED", "COMPANY", "CORPORATION" of lage as will clearly indicate that it is a corporation instead of a lage as will clearly indicate that it is a corporation instead of a lage as will clearly indicate that it is a corporation instead of a lage as will clearly indicate that it is a corporation instead of a lage as will clearly indicate that it is a corporation instead of a lage at lage a		
this application, a with the provision	hereby accept the appointment as	registered agent and agree to act in this capacity. I further agree to comp for and complete performance of my duties, and I am familiar with and ac	gly	
	(Registe	red agent's signature)		
1. Attached is a c	certificate of existence duly authent	sicated, not more than 90 days prior to delivery of this application to the		

<sup>11.</sup> 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.

<sup>12.</sup> Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRE	CTORS (Street address only - P.O. Box NOT acceptable)
Chairman:	DANIEL J. AWEIDA
Address:	890 W. Cherry St. 4220
_	Louisville CO 80027
Vice Chai	man: JOHN BOOKE
Address:	890 W. Cherry St #220
	Lauxville, Co 80027
Director:	
Director:	
	- · · · · · · · · · · · · · · · · · · ·
ruuressi	
B. OFF	ICERS (Street address only - P.O. Box NOT acceptable)
Prosident:	ERIC MEYER.
Address:	ERIC MEYER. 29029 BEAR CREEK DRIVE, #202
	Evergreen CO 80437
Vice Presi	ident:
- • • •	
Addicss.	
_	Viki S. McKinney
Secretary:	900
Address:	1
	Louisville (O 80027
Treasurer	K
Address:	890, W. Cherry St +220
	Louisville, CO 86027
NOTE:	If recessary, you may attach an addendum to the application listing additional officers and/or directors.
13	Vike I Mc Kinney
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	(Typod or printed name and capacity of person signing application)

PAGE 1

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TURNLEAF SOLUTIONS, INC." 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 EIGHTEENTH DAY OF FEBRUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2937567

DATE: 02-18-04

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