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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

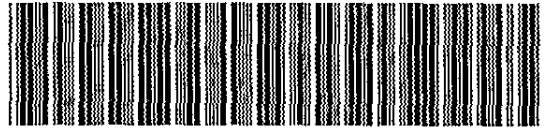
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPENCE, INC.
(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:

VISH ANARAN
(Name of Person)
OPENCE, INC
(Firm/Company)
12620-3 BEACH BLVD #355
(Address)
JACKSONVILLE FL 32246
(City/State and Zip code)

For further information concerning this matter, please call:

SUZANNE LEHMER at (858) 205-2557
(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 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.

1. OPENCE, 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. DELAWARE 3. 38-3644598
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/18/2002 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. February 1, 2004
(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. 13401 SUTTON PARK DR. S., JACKSONVILLE FL 32224
(Principal office address)

12620-3 BEACH BLVD #355, JACKSONVILLE FL 32246
(Current mailing address)

8. To Engage in any lawful act or activities for which corporations may be organized
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) under the GCL of the state of DE

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

Name: VISH CANARAN

Office Address: 13401 SUTTON PK DR. S. #112

JACKSONVILLE, Florida 32224
(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.

Canaran

(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: VISH CANARAN

Address: 13401 SUTTON PARK DR. S. #112
JACKSONVILLE, FL 32224

Vice Chairman: /

Address: /

Director: /

Address: /

Director: /

Address: /

B. OFFICERS

President: VISH CANARAN

Address: 13401 SUTTON PARK DR. S. #112
JACKSONVILLE FL 32224

Vice President: SUZANNE LEHMER

Address: 8630-M Guilford Rd. #307
Columbia, MD 21046


Secretary: SUZANNE LEHMER

Address: SAME AS ABOVE

Treasurer: /

Address: /

NOTE: If 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)

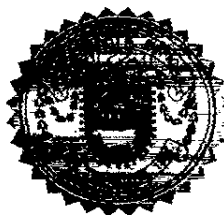
14. VISH CANARAN, CEO
(Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPENCE, 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 THIRTEENTH DAY OF APRIL, A.D. 2004.



3503137 8300

040230879

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3049653

DATE: 04-13-04