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ACCOUNT NO. : 072100000032

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AUTHORIZATION

\$ 70.00 COST LIMIT :

ORDER DATE: April 22, 2004

ORDER TIME : 10:55 AM

ORDER NO. : 585153-015

CUSTOMER NO: 4814233

CUSTOMER: Brynne R. Klasky, Esq.

Morris Manning & Martin

1600 Atlanta Financial Center 3343 Peachtree St, Northeast

Atlanta, GA 30326

FOREIGN FILINGS

NAME: IVIVITY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: _____

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	CE WITH SECTION 607.1503, FLORIDA ST DREIGN CORPORATION TO TRANSACT E	the state of the s
1. <u>iVivity, I</u>	nc	
(Enter name of	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
(If name unava	ilable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2. Delaware	2	ER 0570550
	y under the law of which it is incorporated)	(FEI number, if applicable)
(4-1110-41-0041-11)	,,	(- 22 - 1 app. 1
4. 09-26-2000		(Duration: Year corp. will cease to exist or "perpetual")
(Da	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. <u>Upon Quali</u>	fication	
(Date first trans		t transacted business in Florida, insert "upon qualification."), 607.1502 and 817.155, F.S.)
7.555 Oakbroo	ok Parkway, Suite 280, Norcross,	Georgia 30093
	(Principal office add	
555 Oakbro	ok Parkway, Suite 280, Norcross,	Georgia 30093
200 04,122,20	(Current mailing add	
	technology solutions for networks of corporation authorized in home state or co	
9. Name and st	reet address of Florida registered agent:	(P.O. Box or Mail Drop Box <u>NOT</u> acceptable)
Name:	Corporation Service Company	
Office Address:	1201 Hays Street	
	Tallahassee	, Florida 32301
	(City)	(Zip code)
Having been nad designated in the further agree to	is application, I hereby accept the appointn comply with the provisions of all statutes r ar with and accept the obligations of my po	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties sition as registered agent.
	Corporation Service Company	
		Courtney V. Pres.
the Department		not more than 90 days prior to delivery of this application to fficial having custody of corporate records in the jurisdiction

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

A. DIRECTORS Chairman: See attached officers/directors rider Address: _____ Vice Chairman: _____ Address: ___ Director: ____ Address: ___ **B. OFFICERS** President: See attached officers/directors rider Address: _____ Vice President: Address: _____ Secretary: ___ Address: ______ Treasurer: Address: ______ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Ira Lande, Secretary and Treasurer

(Typed or printed name and capacity of person signing application)

iVivity Officer/Director Rider

OFFICERS:

David F. Coombs – Chief Executive Officer 5555 Oakbrook Parkway Suite 280 Norcross, Georgia 30093

Ira Lande – Secretary and Treasurer 5555 Oakbrook Parkway Suite 280 Norcross, Georgia 30093

Bruce Bergman – Chairman of the Board 3950 Gordon Drive Naples, Florida 34102

DIRECTORS:

David F. Coombs 5555 Oakbrook Parkway Suite 280 Norcross, Georgia 30093

Bruce Bergman 3950 Gordon Drive Naples, Florida 34102

David Sung HIG-IVIV, Inc. c/o H.I.G. Ventures 950 East Paces Ferry Road Suite 1550 Atlanta, Georgia 30326

Justin Perrault

c/o Commonwealth Capital Ventures III, L.P. 20 William Street Wellesley, Massachusetts 02481

Nelson Chu

Kinetic Ventures II, LLC c/o Kinetic Ventures Alliance Center 3500 Lenox Road, NE Suite 1790 Atlanta, Georgia 30326

Zulfiqar Ali Qazilbash 5555 Oakbrook Parkway Suite 280 Norcross, Georgia 30093

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IVIVITY, 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 FOURTH DAY OF MAY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IVIVITY, INC. " WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2000.

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

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

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3090634

DATE: 05-04-04

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