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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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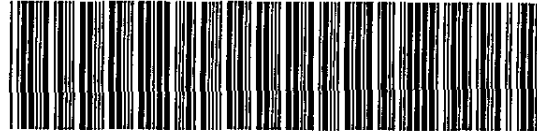
(Business Entity Name)

(Document Number)

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2004 MAY -5 PM 3:09
J. BRYAN CORPORATION
TALLAHASSEE, FLORIDA

J. BRYAN MAY 13 2004

TRANSMITTAL LETTER

FLORIDA DEPT OF STATE
TO: Registration Section
Division of Corporations

SUBJECT: BLUE ELEMENT CONSULTING, 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:

EDWARD J. SULLIVAN, CPA
(Name of Person)

(Firm/Company)

11828 DUBLIN BLVD, SUITE R
(Address)

DUBLIN CA 94568
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

EDWARD J. SULLIVAN at (905) 872-4355
(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

PAYABLE TO:

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS

**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. BLUE ELEMENT CONSULTING, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. CALIFORNIA 3. 94-3394173
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/2/01 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/1/03
(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. 6200 STONERIDGE MALL RD, 3RD FLOOR, PLEASANTON CA 94588
(Principal office address)

6200 STONERIDGE MALL RD, 3RD FLOOR, PLEASANTON CA 94588
(Current mailing address)

8. COMPUTER CONSULTING 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: LAWRENCE D. BRUNELLE, JR.,

Office Address: 8619 CRESTGATE CIRCLE

ORLANDO, Florida 32819
(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.

X 
(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.

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

A. DIRECTORS

Chairman: LAWRENCE D. BRUNELLE, JR.

Address: 8619 CREST GATE CIRCLE

ORLANDO FL 32819

Vice Chairman: N/A

Address: _____

Director: LAWRENCE D. BRUNELLE, JR.

Address: SAME AS ABOVE

Director: N/A

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: LAWRENCE D. BRUNELLE, JR.

Address: SAME AS ABOVE

Vice President: N/A

Address: _____

Secretary: LAWRENCE D. BRUNELLE, JR.

Address: SAME AS ABOVE

Treasurer: LAWRENCE D. BRUNELLE, JR.

Address: SAME AS ABOVE

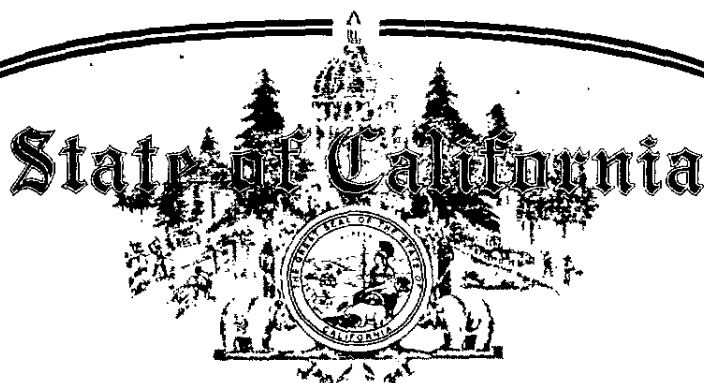
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X 

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

14. LAWRENCE D. BRUNELLE, JR., PRESIDENT

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



SECRETARY OF STATE
CERTIFICATE OF STATUS
DOMESTIC CORPORATION

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TALLAHASSEE, FLORIDA

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the **2nd day of April, 2001**, **BLUE ELEMENT CONSULTING, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of March 22, 2004.



Kevin Shelley
KEVIN SHELLEY
Secretary of State

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