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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

FOREIGN PROFIT QUALIFICATION

THE VISUALIZATION GROUP, INC.

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8/2/2004

## 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
(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  3. 16-169234  (State or country under the law of which it is incorporated)  (FEI number, if applicable)
4. 5 4 2004 5. PERPETUAL  (Duration: Year corp. will cease to exist or "perpetual")  6. VPON 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. 5333 SW 75 ST #FF-183 GAINESVILLE, F
SAME AS ABOVE (Current mailing address)
8. SELL CONSULTING SERVICES (Purpose(s) of corporation authorized in home state of 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: TORGE JIMENEZ
Office Address: 7003 SW 85 TERR
GAINESVILLE, Florida 30608 His to Fig. (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.
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	
Chalmen: BEN PLUME	
Address: 5333 SW 75 ST #F	F-183
GAINESVILLE FL 3268	<u> </u>
Vice Chairman:	
Address:	
·	
Director:	
Address:	
Director:	
Address:	
	·
B. OFFICERS	•
President JORGE JIMENEZ	· · ·
Address: 7003 SW 85 TERR	·
GAINESVILLE, FL 32608	<del></del>
Vice President: SANDY PLUMB	
Address: 5333 SW. 75 ST#	FF-183
GAINESVILLE FL 32	608
Secretary:	
Address:	
Ттеалиск	D; G
Address:	<b>&gt;</b> NI
NOTE: If necessary, you may attach an addendam to the application listing additional officer.	s and/or directors.
(Signature of Director or Officer listed in number 12 of the application)	
14 JORGE JIMENEZ, PRESI	DENT
(Typed or printed name and capacity of person signing application)	•

## Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE VISUALIZATION GROUP, 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 FIRST DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE VISUALIZATION GROUP, INC." WAS INCORPORATED ON THE FOURTH DAY OF MAY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

2011-2-12 F. 25 23 F. 2-12 F. 25 23 E. 2-12 F. 2-12 F.



Warriet Smith Thindson Harrier Smith Windson, Secretary of State

**AUTHENTICATION: 3144099** 

DATE: 06-01-04

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