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FOREIGN PROFIT QUALIFICATION

SPLINEX TECHNOLOGY INC.

Certificate of Status	1
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DIVISION OF CORPORATION

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STATE CLERK OF COURT
TALLAHASSEE, FLORIDA

MB
06-11-04

**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. SPLINEX TECHNOLOGY INC.

(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

(State or country under the law of which it is incorporated)

3.

(FBI number, if applicable)

4. FEBRUARY 6, 2004

(Date of incorporation)

5.**PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON 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. 550 W. CYPRESS CREEK ROAD, SUITE 410, FT. LAUDERDALE, FLORIDA 33309

(Principal office address)

550 W. CYPRESS CREEK ROAD, SUITE 410, FT. LAUDERDALE, FLORIDA 33309

(Current mailing address)

8. ALL LAWFUL PURPOSES

(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: **CURTIS A. WOLFE, ESQ.**

Office Address: **550 W. CYPRESS CREEK ROAD, SUITE 410**

FT. LAUDERDALE

(City)

, Florida 33309

(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. DIRECTORSChairman: PETER NOVAKAddress: 550 W. CYPRESS CREEK ROAD, SUITE 410FT. LAUDERDALE, FL 33309Vice Chairman: MIKE ZOIAddress: 550 W. CYPRESS CREEK ROAD, SUITE 410FT. LAUDERDALE, FL 33309

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: PETER NOVAKAddress: 550 W. CYPRESS CREEK ROAD, SUITE 410FT. LAUDERDALE, FL 33309

Vice President: _____

Address: _____

Secretary: MIKE ZOIAddress: 550 W. CYPRESS CREEK ROAD, SUITE 410, FT. LAUDERDALE, FL 33309

Treasurer: _____

Address: _____

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

13. 
(Signature of Director or Officer listed in number 12 of the application)14. Peter Novak, President

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

SECRETARY
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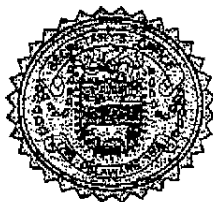
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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPLINEX TECHNOLOGY 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 EIGHTH DAY OF JUNE, A.D. 2004.



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040422456

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3159543

DATE: 06-08-04