

JUL-02-2004

Division of Corporations

CT CORPORATION

P.01

Page 1 of 1

F04 000003770

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000138413 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

FOREIGN PROFIT QUALIFICATION

LP Innovations, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

FILED
04 JUL -2 AM 9:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing

Public Access Help

LPI

LP INNOVATIONS, INC.555 Turnpike Street
Canton, MA 02021**CONSENT TO USE OF NAME**

LP Innovations, Inc., a Massachusetts corporation, authorized to do business in the State of Florida, such authority having been revoked on September 17, 2004 pursuant to administrative revocation/dissolution, hereby affirms that it does not intend to reinstate its authority to do business in the State of Florida and, consents to the use of the name "LP Innovations, Inc." by LP Innovations, Inc., a Nevada corporation, for any and all business purposes.

LP INNOVATIONS, INC.
(A Massachusetts corporation)By: Michael A. O'Hara
PresidentSECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL -2 AM 9:06

FILED

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. LP Innovations, 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. Nevada

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

3. 13-4222128

(FEI number, if applicable)

4. November 15, 2002

(Date of incorporation)

5. perpetual

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

6.

(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. 66 B Street, Needham, MA 02494

(Principal office address)

same

(Current mailing address)

8. Any and/or all lawful business

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

CT Corporation System

By: Wesley Berger

(Registered agent's signature)

FRANKENBETZGER
VICE PRESIDENT

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:

FILED
04 JUL -2 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

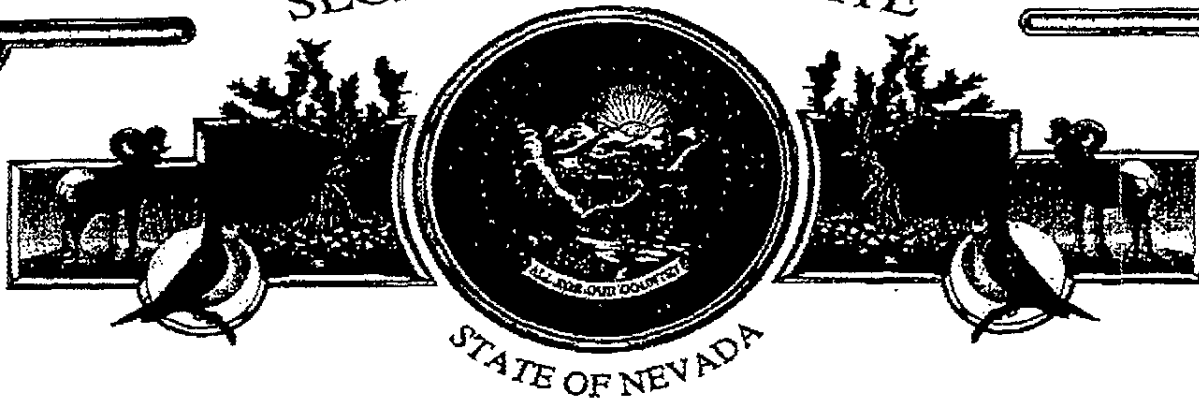
Vice Chairman: _____

Address: _____
_____Director: David A. LevinAddress: 555 Turnpike StreetCanton, MA 02021Director: Dennis R. HemreichAddress: 555 Turnpike StreetCanton, MA 02021**B. OFFICERS**President: Steven MayAddress: 66 B StreetNeedham, MA 02494Vice President: Craig MatsumotoAddress: 66 B StreetNeedham, MA 02494Secretary: Craig MatsumotoAddress: 66 B Street, Needham, MA 02494Treasurer: Douglas A. LausAddress: 66 B Street, Needham, MA 02494

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. Douglas A. Laus, Treasurer and CFO
(Typed or printed name and capacity of person signing application)FILED
04 JUL - 2 AM 9 06
SEALANT L. J. JAMES
TALLAHASSEE, FLORIDA

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, LP INNOVATIONS, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 15, 2002, and is in good standing in this state.

FILED
04 JUL - 2 06
CLERK OF THE
S. A. C.
TALLAHASSEE FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand
And affixed the Great Seal of State, at my office, in
Carson City, Nevada, on, June 29, 2004

Dean Heller

Dean Heller
Secretary of State

By

[Signature]
Certification Clerk