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(Requestor's Name) (Address) (Address)	SECRETARY OF STATE TALLAHASSEE, FLORIDA 900040741199
(City/State/Zip/Phone #)	MAIL N9/08/0401041008 **87.
(Document Number) Certified Copies Certificates of Status	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations SECRETARY OF STATE ALLAHASSEE, FLORIDA (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: Lawrence H. Haber		
Matrix Network Orlando, LLC. (Firm/Company)		
20 N. Orange Avenue, Suite 1400		
Orlando, Florida 32801		
(City/State and Zip code)		
For further information concerning this matter, please call:		
awrence H. Hober at (407, 361-4736		
(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 & □ \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy		

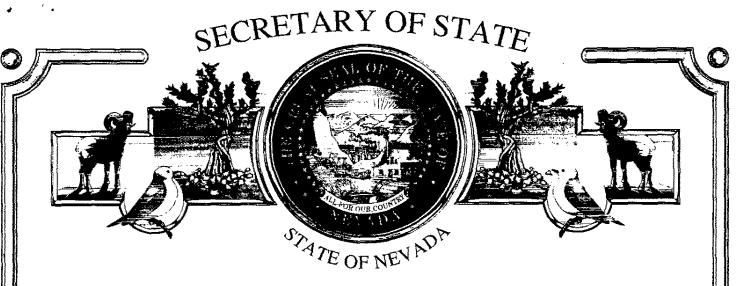
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. Wellington Capital Group, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," SECRETARY OF STATE "Inc.," "Co.," "Corp." "Inc.," "Co.," "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Nevada 3. 20-0197785 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 29, 2003 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") 6. September 2004
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. Z875 South Orange Avenue Suite 500, ORlando, FZ 32: (Principalioffice address) (Principalioffice address) Z875 South Orange Avenue, Suite 500, Orlando, FZ 32: (Current mailing address)
8. <u>Investment Financing and any and all awful business</u> (Purpose(s) of corporation authorized in horde state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lawrence H. Haber Office Address: ZO N. Orange Avenue Swite 1400
Orlando, Florida 3280/ (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.

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.

(Registered agent V signature)

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

A. DIRECTORS	FILED
Chairman: Frank L. Amodeo	Time Of the Paris
Address: 2875 South Orange Aven	ne, Suite 505-8 1:41
Orlando, FL 32806	SECRETARY OF STATE TALLAHASSEF, FLORIDA
Vice Chairman:	
Address:	
Director: Frank L. Amodeo	
Address: 2875 South Orange Avenu	e), Dute 500
Orlando, FL 32806	
Director:	<u> </u>
	<u> </u>
B. OFFICERS	
President: Gailie Hartman	· <u>, :- :</u>
Address: P.O. BOX 50729	
Henderson, NV 89016	
Vice President:	
Address:	
	···
Secretary: Gailie Hartman	
Address: P.O. BOX 50729, HENDER	
Treasurer: Gailie Hartman	
Address: P.O. Box 50729, Hender	RSON, NV 89016
– – – – . –	,
NOTE: If necessary, you may attach an addendum to the applicar	tion listing additional officers and/or directors.
13. (Girmatura of Directors on Officer lighted in m	umber 12 of the amiliantian)
(Signature of Director or Officer listed in no	
14. Crank C. Stander Divec (Typed or printed name and capacity of p	erson signing application)



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, **WELLINGTON CAPITAL GROUP, 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 August 29, 2003, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on August 23, 2004.

Dan Heller DEAN HELLER

DEAN HELLER
Secretary of State

Certification Clerk