

NO.210 P01

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To:

Division of Corporations

Fax Number

: (850)205-0383

Prom:

Account Name

: CORPDIRECT AGENTS, INC.

Account Number : 110450000714

Phone

: (850)222-1173

Tax Tumber

: (850)224-1640

04 SEP

29875

FOREIGN PROFIT QUALIFICATION

SERVICECHANNEL.COM, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78,75

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Public Access Help

Delia Taliento, Asst. Secty.

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

under the law of which it is incorporated.

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APPLIC			ION FOR AUTHORIZATION TO TRANSACT IN FLORIDA
	CE WITH SECTION 607.1503, FLORID	A S	TATUTES, THE FOLLOWING IS SUBMITTED TO DEBUSINESS IN THE STATE OF FLORIDARY
) Servicechi	nnel.com, Inc.		THE STATE OF THE S
(Enter name of	f corporation; must include "INCORPORA" "Corp." "Inc." "Co." or "Corp.")	ED	" "COMPANY," "CORPORATION,"
(If name unava	ilable in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting business in Florida)
2. Delaware		_3.	11-3518847
(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)
4 11/4/1999)	5.	perpetnal
(Da	te of incorporation)	•	(Duration: Year corp. will cease to exist or "perpetual")
6. upon qualif	Scation		
·	(SEE SECTIONS 607. Avenue, Albertson, NY 11507	1501	t transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)
	(Principal office	add	treas)
Same as abo	(Current mailing	add	(ress)
g Customer S	Service Department		
	(s) of corporation authorized in home state	or c	ountry to be carried out in state of Florida)
9. Name and st	reat address of Florida registered age	nt:	(P.O. Box or Mail Drop Box NOT acceptable)
Name:	NRAI Services, Inc.		
Office Address:	526 E. Park Avenue		
	Tallahussce		, Florida 32301
	(City)		(Zip code)
Having been nu designated in th further agree to	is application, I hereby accept the appo	inte es r	ice of process for the above stated corporation at the place nent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my duties, sition as registered agent.
	NRAI Services, Inc.		
	By: Ochanical agent's signate	urel	

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

Ø3

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A. DIRECTORS	
Chairman:	
Address:	
	4
Vice Chairman:	45 July 44
Address:	
Address: 84 Murray Drive	
Port Washington, NY 11050	
Director:	
Address:	<u> </u>
B. OFFICERS	
President: Steven Gottfried	
Port Washington, NY 11050	
Vice President: Serge Lubensky	
Address: 52 92nd Street, Apt. 4A	
Brooklyn, NY 11209	
Secretary:	
Address:	
Treasurer: Kristian Nielsen	
Address: 225 Thompson Shore Road, Man	nhasset, NY 11030
NOTE: If necessary, you may attach an adden	dum to the application listing additional officers and/or directors.
13	<u></u>
	er listed in number 12 of the application)
4. Kristian Nielsen, Treasurer	e and capacity of person signing application)
AND NAME OF TAXABLE PORTING	- me sebserry or berson arkning abbitestion)

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Delaware The First State

I, MARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SERVICECHANNEL.COM, 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SERVICECHANNEL.COM, INC." WAS INCORPORATED ON THE FOURTH DAY OF NOVEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3115235 8300 040661388

Warriet Smith Standson

AUTHENTICATION: 3347290

DATE: 09-13-04