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TRANSMITTAL LETTER

TO:	Registration S Division of Co			
SUBJ	ECT:	MANDATED	DECISION SYST ration - must include suffix)	TEMS, INC.
		(Name of corpor	ation - must include suffix)	,
Dear S	ir or Madam:			
"Certif	closed "Applicate of Existen t business in Fl	ation by Foreign Corporation ce," and check are submitted orida.	for Authorization to Transacto register the above referen	ct Business in Florida," aced foreign corporation to
Please	return all corres	spondence concerning this ma	atter to the following:	
		LOVELL B.	No arusa	
-		(Nam	No ATHERN e of Person)	
	<u></u>	MANDATED D	PECISION SYST (Company)	EMS INC.
		•	<u> </u>	
		*(A	ddress)	
-		(City/Sta	ate and Zip code)	£ 35
				SEP OF
For fur	ther information	n concerning this matter, plea	se call:	一 一 一 一 一 一 一
Br	(Name of Per	son) at (56)	1	SEP 17 PM 3: 36 one 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		ection orporations 7		
Enclos	ed is a check for	r the following amount:		
☐ \$70	.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, 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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. MANDATED DEUSION SUSTEMS INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") M.D.S. ±wc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) State or country under the law of which it is incorporated)

(FEI number, if applicable) (State or country under the taw of which is a second of the ta (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2692 CLIPPER CIRCLE, West-Parm BEACH, FL 33411

(Principal office address)

2692 CLIPPER CIRCLE WEST Parm BEACH, FL 33411

(Current mailing address) 8. Ommo Dity RESEDACH AND CONSULTING.

(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 NOT acceptable) LOVELL B. NORTHERN Name: WEST Pour BENCH, Florida 33411
(City) (Zip code) Office Address: 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 ditties, 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's signature)

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

A. DIRECTORS		
Chairman: Lover B. Northead		
Address: 7692 Chappe GRELE		
West Parm BEACH. FL. 33411		
Vice Chairman:		
Address:		
Director:		
Address:		
Director: WA		
Address:		
B. OFFICERS	20	<u>ا .</u> .
President: LOVEL B. NORTHER	2	TSION TO SERVICE TO SE
President: LOVER B. NORTHERN Address: ZGGZ Cupper Cipue		유
WEST PAIN BENEH, FL 33411		RPG T
Vice President: N/A	<u>မာ</u>	
Address:	<u>ф</u>	ST.
Secretary: ν/ρ		
Address:		·
Treasurer:N/A		
Address:		
NOTE: If necessary, you may attach an addengum to the application listing additional officers and/or di	iraatore	
13 Mund March March 13	rectors.	•
(Signature of Director or Officer listed in number 12 of the application)		
14. hOUELL B. NORTHER		
(Typed or printed name and capacity of person signing application)		

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MANDATED DECISION SYSTEMS, 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MANDATED DECISION SYSTEMS, INC." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2004.

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

NAME OF CORPORATIONS



Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3321319

DATE: 08-27-04

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