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Seventials clarification

Seventials clarification

10/25/04

TRANSMITTAL LETTER

TO:	Registration S Division of Co					
SUBJ	ECT:	Siris	DEVELOPME	ENT INC.		
		.,,	(Name of corpo	ration - must include s	uffix)	
Dear S	ir or Madam:					
"Certif		ce," and ch		for Authorization to T to register the above r		
Please	return all corres	pondence c	oncerning this m	atter to the following:		
	JAMES	M. 3	AKER			
			AKER (Nan	ne of Person)		
	· · · · · · · · · · · · · · · · · · ·		(Firm	C. n/Company)		
	Po Bo	a lle	29	Address) FL 32549 tate and Zip code)		
			(,	Address)		700 9
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			(City/St	tate and Zip code)	, , , , , , , , , , , , , , , , , , , ,	
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For fur	ther information	n concernin	g this matter, plea	ase call:		FILEU 1:05
						9 :
	SAMES 1	SAKER	at (S	rea Code & Daytime T	<u>නෙ /</u>	
	(Name of Per	son)	(A	rea Code & Daytime T	elephone N	Number)
	STREET AD	DRESS:		MAILIN	NG ADDRI	ESS:
	Registration S			_	tion Section	
	Division of Co 409 E. Gaines	•		P.O. Box	ı of Corpora x 6327	ations
	Tallahassee, F				see, FL 32	2314
Enclos	ed is a check for	the follow	ing amount:			
5 \$70	.00 Filing Fee		5 Filing Fee & ificate of Status	□ \$78.75 Filing Fed Certified Copy	e& Z	\$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. SRIS DEVELOPMENT /NC.

(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. North Carolina 3. 56-227 6026

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

4. 8/7/201

(Date of incorporation)

(Date of incorporation)

(Date first transacted business in Florida, if prior to registration)

(SEF SECTIONS 607 1501 & 607 1502 F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 254 VENTURA CIR. NW, Fr WALTON BEACH,

(Principal office address)

PO Box 1629, Fr WALTON BEACH, FE 32548

(Current mailing address) 8. Rup Estate and Perpocosit

(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) Name: 1301 N. EGIUN PRINT, SWIE GO 1 754 VENTURA CLR
SHALIMAR F7 WALTON BCH, Florida 32549 52548
(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 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:

Chairman: Address: Vice Chairman: Address: Director: Address: B. OFFICERS President: Tames M. Baker Address: 254 Ventura Cir. No. FT Whiten Bench, FL 32548 Vice President: Address: Socretary: Address: Treasurer: Address: NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors. Is. (Signature of Director or Officer listed in number 12 of the application) 14. Tames M. Bakers. Pressident: (Cyped or printed name and capacity of person signing application)	A. DIRECTORS
Vice Chairman: Address: Director: Address: B. OFFICERS President: James M. Bauer Address: 254 Ventura Cir. Now Fit Walter Bench, Fl. 32548 Vice President: Address: Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. James M. Baker President	Chairman:
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13. (Signature of Director or Officer listed in number 12 of the application) 14. JAMES M. BAKER - PRESIDENT	Address:
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14. JAMES M. BAKER - PRESIDENT	13
14. James M. ISAKER - PRESIDENT (Typed or printed name and capacity of person signing application)	
	14. JAMES M. ISAKER - PRESIDENT (Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

SIRIS DEVELOPMENT, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 7th day of August, 2001, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



my hand and affixed my official seal at the City of Raleigh, this 11th day of October, 2004

Claim J. Mauskall.

IN WITNESS WHEREOF, I have hereunto set

Secretary of State

Certification# 81073840-1 Reference# 6106460-vb Page; I of 1 Verify this certificate online at www.secretary.state.nc.us/verification