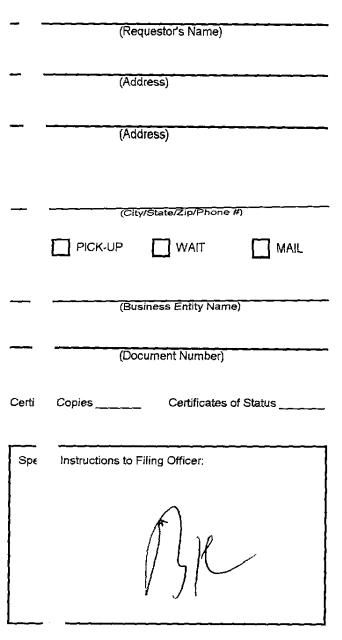
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## CAPITAL CONNECTION, INC. 7 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 0) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 I report Art of Inc. File\_\_\_\_\_ LTD Partnership File\_\_\_\_\_ Foreign Corp. File\_\_\_\_\_ L.C. File\_\_\_\_ Fictitious Name File Trade/Service Mark\_\_\_\_\_ Merger File\_\_\_\_\_ Art. of Amend. File\_\_\_\_\_ RA Resignation\_\_\_\_\_ Dissolution / Withdrawal\_\_\_\_\_ Annual Report / Reinstatement\_\_\_\_\_ Cert. Copy\_\_\_\_\_ Photo Copy\_\_\_\_\_ Certificate of Good Standing Certificate of Status\_\_\_\_\_ Certificate of Fictitious Name\_\_\_\_\_ Corp Record Search\_\_\_\_\_ Officer Search\_\_\_\_ Fictitious Search\_\_\_\_ Fictitious Owner Search\_\_\_\_ Signatu Vehicle Search\_\_\_\_\_

Driving Record\_\_\_\_\_\_UCC 1 or 3 File\_\_\_\_\_

UCC 11 Retrieval

UCC 11 Search

Courier

Walk-In Will Pick Up

Request

Name

BUSINESS IN FLORIDA
COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO STATE A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
FUNNELPORT, INC
inter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," nc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
f name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
DELAWARE  3. 05 0556 980  tate or country under the law of which it is incorporated)  (FEI number, if applicable)
tate or country under the law of which it is incorporated) (FEI number, if applicable)
//17/2003 5. PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  1111 Brickell Ave. 11th Floor, Miawi, 7/. 33131  (Principal office address)  F796 NW 51 Terrace Manie, F2. 33178  (Current mailing address)  CONSULTING SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
me and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Hermann Burchhardt  Address: 1111 Brickell Ave. 11th. Floor  (City) Florida 3313/  (Zip code)
(City), Florida (Zip code)
gistered agent's acceptance:  y been named as registered agent and to accept service of process for the above stated corporation at the place  yted in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I  agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,  m familiar with and accept the obligations of my position as registered agent.

uched is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

artment of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

11. the ]

unde

12.

e law of which it is incorporated.

nes and business addresses of officers and/or directors:

. DIRECTORS
hairman: Hermann Burckhardt
ddress: 9796 NW 51 Terrace
Miani, Florida 33178
ice Chairman:
ddress:
irector:
ddress:
irector;
.ddress:
i. OFFICERS
resident: <u>Herman</u> Burckhardt
ddress: 9796 NW 51 Tenace
miami, 71. 33178
rice President: JACQUE IINE PAIZDIIIO
rice President: <u>Jacqueline Paizbillo</u> address: <u>9796</u> NW 51 Terraec
Miami, FL. 33178
lecretary: //ermann Burclehard+
reasurer: Hermann Burckhardt  Thermann Burckhardt  Thermann Burckhardt  Thermann Burckhardt
reasurer: Hermann Burckhardt
Address: 9776 NW 51 Terrace Miami, 71,3317
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
3. Januer p
(Signature of Director or Officer listed in number 12 of the application)
4. Hermann BurckhardT (Typed or printed name and capacity of person signing application)
(Typed of printed fiame 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 "FUNNELPORT, 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-NINTH DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FUNNELPORT, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2003.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Varriet Smith Windson, Secretary of State

AUTHENTICATION: 3502409

DATE: 11-29-04