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VISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

StreamCoast Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STREAMCOAST 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-THIRD DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STREAMCOAST INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2004.

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

Warriet Smith Hindson Harriet Smith Windson Secretary of State

AUTHENTICATION: 3497908

DATE: 11-23-04

3847789 8300 040846758

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.

StreamCoa	_		SOURCES IN THE STATE OF PEONEDA.	
(Enter name of	Corporation; must include "INCORPORAT" "Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
(If name unava	rilable in Florida, enter alternate corporate na	anc	adopted for the purpose of transacting business in Flori	ida)
2. Delaware		3.	20-1650564	
(State or country	y under the law of which it is incorporated)	_	(FEI number, if applicable)	
8/27/2004		5.	Perpetual	
(Da	ite of incorporation)		(Duration: Year corp. will cease to exist or "perpetua	ľ")
i. Upan Qua	lification			
Date first trans	sacted business in Florida. If corporation has		transacted business in Florida, insert "upon qualification	on.")
1324 10th S	t. N., Jacksonville Beach, Florida 32250	JUE	, 607.1502 and 817.155, F.S.)	
1324 1041 3				
	(Principal office	900	ros)	
1324 10th S	t. N., Jacksonville Beach, Florida 32250	- 22		
	(Current mailing	200	russy	
Commuter C	onsulting / Software Development		The second of th	
1	(s) of corporation authorized in home state of	OF CO	untry to be carried out in state of Florida)	
Name and st	reet address of Florida registered ages	Nt: '	(P.O. Box or Mail Drop Box NOT acceptable)	
Name:	Business Filings Incorporated			
	CEA Time To Promise Description		<u></u>	
office Address:	660 East Jefferson Street			
	Tallahassee		, Florida 32301	
	(City)		(Zip code)	
A Registered:	agent's acceptance:		•	
		rvi	e of process for the above stated corporation at ti	he place
esignated in thi	is application, I hereby accept the appoi	nin	ent as registered agent and agree to act in this fa	packs I
unner agree w nd I am familia	comply wan the provisions of all statute ir with and accept the obligations of my	15 FG	lative to the proper and complete performance of	my fluties,
	. ^	po.	AB	, m
_	Makin			-7 P
	(Registered agent's signatu	re)		. <u> </u>
•	Durings Eilings Incorporated Mark Sch	.:ee	A37D	••

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this policarion 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:

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A. DIRECTORS	
Chairman:	
Address:	
	·····
Vice Chairman:	
Address:	
Director: Scott Perkins	
Address: 1324 10th St. N., Jacksonville Beach, Florida 32250	
Director:	
Address:	
B. OFFICERS President: Scott Perkins Address: 1324 10th St. N., Jacksonville Beach, Florida 32250	
Vice President: Scott Perkins	
Address: 1324 10th St. N., Jacksonville Beach, Florida 32250	· · · · · · · · · · · · · · · · · · ·
Secretary: Scott Perkins	
Address: 1324 10th St. N., Jacksonville Beach, Florida 32250	-
Treasurer: Scott Perkins	FE S
Address: 1324 10th St. N., Jacksonville Beach, Florida 32250	- EM 5
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors 13. (Signature of Director or Officer listed in number 12 of the application)	ARY OF STA
14. Scott Perkins, President, Director	BAT .
(Typed or printed name and capacity of person signing application)	

Hoyaa 2409713