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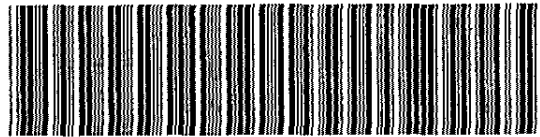
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIPOLI SYSTEMS LTD, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

NICHOLAS J. MYERS

(Name of Person)

TRIPOLI SYSTEMS LTD, INC.

(Firm/Company)

175 OCEAN HOLLOW LANE

(Address)

ST. AUGUSTINE FL 32084

(City/State and Zip code)

For further information concerning this matter, please call:

NICHOLAS J. MYERS at (904) 826-3287

(Name of Person)

(Area Code & Daytime Telephone 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

Enclosed is a check for 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

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TALLAHASSEE, FLORIDA

**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.*

1. TRIPOLI SYSTEMS LTD, INC.
(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. CONNECTICUT 3. 22-2337072
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JANUARY 31, 1981 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JANUARY 1, 2005
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 175 OCEAN HOLLOW LANE ST. AUGUSTINE, FL 32084
(Principal office address)

175 OCEAN HOLLOW LANE ST. AUGUSTINE, FL 32084
(Current mailing address)

8. Provide computer software and support
(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: NICHOLAS J. MYERS

Office Address: 175 OCEAN HOLLOW LANE

ST. AUGUSTINE, Florida 32084
(City) (Zip code)

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:

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A. DIRECTORS

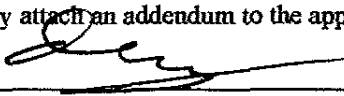
Chairman: NICHOLAS J. MYERS
Address: 175 OCEAN HOLLOW LANE
ST. AUGUSTINE, FL 32084
Vice Chairman: EDITH T. EDENFIELD
Address: 175 OCEAN HOLLOW LANE
ST. AUGUSTINE, FL 32084
Director: _____
Address: _____
Director: _____
Address: _____

B. OFFICERS

President: NICHOLAS J. MYERS
Address: 175 OCEAN HOLLOW LANE
ST. AUGUSTINE, FL 32084
Vice President: EDITH T. EDENFIELD
Address: 175 OCEAN HOLLOW LANE
ST. AUGUSTINE, FL 32084
Secretary: EDITH T. EDENFIELD
Address: 175 OCEAN HOLLOW LANE ST AUGUSTINE, FL 32084
Treasurer: NICHOLAS J. MYERS
Address: 175 OCEAN HOLLOW LANE ST AUGUSTINE, FL 32084

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TALLAHASSEE, FLORIDA

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)
14. NICHOLAS J. MYERS, PRESIDENT
(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

TRIPOLI SYSTEMS, LTD.

incorporated under the laws of Connecticut is in existence.



Secretary of the State

Date Issued: January 26, 2005

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TALLAHASSEE, FLORIDA