

FDS 000000 1907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

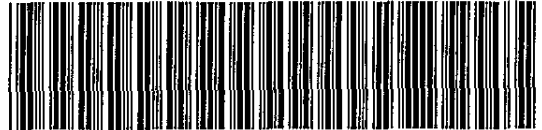
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/07/05--01056--006 **70.00

2005 MAR 25 AM 9:59
TREASURY OF STATE
OFFICE OF THE CLERK

FILED

FDS-1907
qr



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 8, 2005

KIMBERLY SMITH
4851 NW 103RD AVENUE, SUITE 11F
SUNRISE, FL 33351

SUBJECT: THE XTRAMILE, INC.
Ref. Number: W05000012035

We have received your document for THE XTRAMILE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 605A0001602

2005 MAR 25 AM 10:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TheXtraMile, 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:

Kimberly L.	Smith
(Name of Person)	
TheXtraMile, Inc.	
(Firm/Company)	
4851 NW 103rd Avenue, Suite 11F,	
(Address)	
Sunrise, FL 33351	
(City/State and Zip code)	

For further information concerning this matter, please call:

Kimberly L. Smith at (910) 494-1430

(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

25 MAR 25 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILED

**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. TheXtraMile, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

TheXtraMile Ventures, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

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

3. _____

(FEI number, if applicable)

4. 01/23/03

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 4891 NW 103rd Avenue, Suite 11F, Sunrise, FL 33351

(Principal office address)

4891 NW 103rd Avenue, Suite 11F, Sunrise, FL 33351

(Current mailing address)

8. Reseller of miscellaneous products within the wholesale and retail market.

(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 or Mail Drop Box **NOT** acceptable)

Name: Kimberly L. Smith

Office Address: 4891 NW 103rd Avenue, Suite 11F

Sunrise

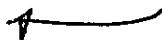
(City)

, Florida 33351

(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.

FILED
2005 MAR 25 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: RC Smith, JR.

Address: 4851 NW 103rd Avenue, Suite 11F

Sunrise, FL 33351

Vice Chairman: Kimberly L. Smith

Address: 4851 NW 103rd Avenue, Suite 11F,

Sunrise, FL 33351

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: RC Smith, JR.

Address: 4851 NW 103rd Avenue, Suite 11F

Sunrise, FL 33351

Vice President: Kimberly L. Smith

Address: 4851 NW 103rd Avenue, Suite 11F,

Sunrise, FL 33351

Secretary: Renita Smith

Address: 4851 NW 103rd Avenue, Suite 11F, Sunrise, FL 33351

Treasurer: _____

Address: _____

FILED
2006 MAR 25 10:00
SECRETARY OF STATE
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. _____

(Typed or printed name and capacity of person signing application)

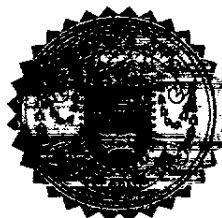
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THEXTRAMILE, 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-FOURTH DAY OF FEBRUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THEXTRAMILE, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2003.



3617830 8300

050146163

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3702351

DATE: 02-24-05