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| (Requestor's Name)      |                           |            |  |  |  |
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| (Ad                     | ldress)                   |            |  |  |  |
|                         |                           |            |  |  |  |
| (Address)               |                           |            |  |  |  |
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| PICK-UP                 | ☐ WAIT                    | MAIL       |  |  |  |
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| Special Instructions to | Filing Officer:           |            |  |  |  |
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SECRETARY OF STATE TALLAHASSEE FI ORIDA



## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: ALVAREZ COMPUTING TECHNOLOGIES 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:  |   |
| OARy Alvarez  (Name of Person)   |   |
| (1.1111.01.)   |   |
| ALVAREZ COMPUTING TECHNOLOGIES INC.  |   |
| (Firm/Company)   | · |
| 14365 E. Colonial Dr. STE 83  (Address)  | = |
| (Address) SAR &  | m |
| ORLANDO, FL 32826 (City/State and Zip code)  | O |
| (City/State and Zip code)  |   |
| For further information concerning this matter, please call:   |   |
| (Name of Person) at (407) 384-8113  (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 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 & □ \$78.75 Filing Fee & Certificate of Status Certified Copy 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.

| 1. <u>ALVAR</u>          | EZ COMPUTING   | TECHNOLO           | G(ES)        | MC.                        |                    | <del></del> |
|--------------------------|--|--------------------|--------------|----------------------------|--------------------|-------------|
| (Enter name of co        | orporation; must include "INCOR orp," "Inc," "Co," or "Corp.") | PORATED," "CO      | OMPÁŇÝ,      | " "CORPORATION,"           |                    |             |
| me., co., c              | orp, me, eo, or eorp. )  |                    |              |                            |                    |             |
|                          |  |                    |              |                            |                    |             |
| (If name unavaila        | able in Florida, enter alternate corp                          | orate name adopt   | ed for the p | ourpose of transacting be  | usiness in Florida | <u>.)</u>   |
| 2. <u>New 3</u>          | Serses<br>under the law of which it is incorp                  | 3                  | 22-          | -8628587                   |                    |             |
| (State or country)       | under the law of which it is incorp                            | orated)            | . (          | (FEI number, if applical   | ble)               |             |
| 4.                       | 1/12/1999  | 5.                 |              |                            |                    |             |
| (Date                    | of incorporation)  | (Du                | ation: Yea   | ar corp. will cease to exi | ist or "perpetual" | )           |
| 6.                       |  |                    |              |                            |                    |             |
|                          | (Date first transacte  |                    |              |                            |                    | -           |
|                          | (SEE SECTIONS 607.15   |                    |              | . , ,                      | ES S               |             |
| 7. 14365                 | E. Colonial Drive  | <u> </u>           | 83 (         | onuanto, FC                | 32-626-            | -TI         |
|                          | ` •  | al office address) |              |                            | EF R               |             |
| - SAM                    |  |                    |              |                            | S 25 00            | <u>m</u> _  |
|                          | (Current   | mailing address)   |              |                            | ES E               | 2 0         |
| 8. FOF ?                 | rafit business   |                    |              |                            | STAT               | 1: 21       |
| (Purpose(s)              | of corporation authorized in hon                               | e state or country | to be carrie | ed out in state of Florida | ) <u>द</u> िनी     | <u>=</u>    |
|                          |  |                    |              |                            |                    |             |
| 9. Name and <u>stree</u> | t address of Florida registered                                |                    |              | ceptable)                  |                    |             |
| Name:                    | GARY AlVARZ  |                    |              | •                          |                    |             |
| Office Address:          | 14365 E. adonia  | 1 DR. 57E-6        | 33,          |                            |                    |             |
|                          | ORLANDO<br>(City)  |                    | , Florida_   | 32826                      |                    |             |
|                          | (City)   |                    |              | (Zip code)                 |                    |             |
| 10 Registered as         | gent's acceptance:   |                    |              |                            |                    |             |
|                          | ed as registered agent and to a                                | ccept service of   | process fo   | or the above stated co.    | rporation at the   | place       |
| Andrew Control Control   |  |                    |              |                            |                    |             |

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:

| A. DIRECTO        |  |  |   |
|-------------------|--|--|---|
| Chairman:         | GARY AlVAREZ   |  |   |
| Address:          | 8689 BANCROFT BLUD                                   |  |   |
|                   | DREADO, FL 32833                                     |  |   |
| Vice Chairman:    |  |  |   |
| Address:          |  |  |   |
| Director:         |  |  |   |
|                   |  |  |   |
| Director:         |  |  |   |
|                   |  |  |   |
| B. OFFICERS       | GARY ALVAREZ   |  | 05 M                                    |
| Address:          | 0689 BANCROFT BLVD                                   |  | MAR 28                                  |
| Vice President: _ | ORLANDO, FL 32833                                    |  | ED<br>2 1 2<br>COF STATI                |
| Address:          |  |  | <b>D</b> 1" 7                           |
| Secretary:        |  |  |   |
| Address:          |  | ,, <u>,</u>                            |   |
| Treasurer:        |  | ······································ | T.                                      |
| Address:          |  |  |   |
| NOTE: If neces    | ssary, you may attach an addendum to the application | on listing additional officer          | rs and/or directors.                    |
| 13                | (Signature of Director or Officer listed in num      | nber 12 of the application)            | - · · · · · · · · · · · · · · · · · · · |
| 14                | (Typed or printed name and capacity of per           | Lent, Charmon                          | र्व ८५०                                 |



ALVAREZ COMPUTING TECHNOLOGIES, INC. 0100768662

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on January 12, 1999.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2000

I further certify that the registered agent and registered office are:

Corporation Service Company 830 Bear Tavern Rd West Trenton, NJ 08628

Continued on next page . . .

SECRETARY OF STATE TALLAHASSEE FLORIDA

