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ALBANY, N.Y.

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Capture, 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:

Stuart H. Marion  
(Name of Person)  
Capture Inc.  
(Firm/Company)  
1594 SW Pitts Ave.  
(Address)  
Port St. Lucie, FL 34953  
(City/State and Zip code)

For further information concerning this matter, please call:

Stuart H. Marion at ( 772 ) 873-2147  
(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

2. Rhode Island 3. 05-0490957  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/4/1996 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 334 Knight St. #133, Warwick, RI 02886  
(Principal office address)

924 SE Central Parkway, Stuart, FL 34994  
(Current mailing address)

8. Perform Consulting services  
(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)

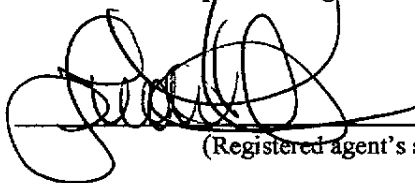
Name: Stuart H. Marion

Office Address: 924 SE Central Parkway

Stuart, Florida 34994  
(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: Stuart H. Marion  
Address: 1594 SW Pitts Ave.  
Port St. Lucie, FL 34953  
Vice Chairman: Maureen Marion  
Address: 1594 SW Pitts Ave.  
Port St. Lucie, FL 34953  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

President: Stuart H. Marion  
Address: 1594 SW Pitts Ave.  
Port St. Lucie, FL 34953  
Vice President: Maureen Marion  
Address: 1594 SW Pitts Ave.  
Port St. Lucie, FL 34953  
Secretary: Stuart H. Marion  
Address: 1594 SW Pitts Ave., Port St. Lucie, FL 34953  
Treasurer: Maureen Marion  
Address: 1594 SW Pitts Ave., Port St. Lucie, FL 34953

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Maureen Marion, Vice President  
(Signature of Director or Officer listed in number 12 of the application)  
14. Maureen Marion, Vice President  
(Typed or printed name and capacity of person signing application)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

*Office of the Secretary of State*

**Matthew A. Brown**

*Secretary of State*

*The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that*

**CAPTURE, INC.**

*a Rhode Island corporation, filed original articles of incorporation in this office on the 4<sup>th</sup> day of June, 1996; and*

*IT IS FURTHER CERTIFIED that said corporation is now of record and in good standing in this office.*

SIGNED AND SEALED this 6<sup>th</sup> day  
of April, 2005.

*Matthew Brown*

Secretary of State

BY *Debra A. Stelli*

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SECRETARY OF STATE  
OFFICE OF THE SECRETARY OF STATE  
STATE OF RHODE ISLAND

