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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<del></del>
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(Document Number)	
Certified Copies Certificates of St	atus
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Special Instructions to Filing Officer:	1
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TRANSONE, INC.		
(Name of corporation	on - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.		
Please return all correspondence concerning this matter	to the following:	
TAMMY ALCORN		
(Name o TRANSONE, INC.	(Person)	
(Firm/Co	ompany)	
	7	
20 CORPORATE PARK, SUITE 100 (Add	ress)	
	,	
IRVINE, CA 92606-3109 (City/State	and Zip code)	
(City/State	and Zip code)	
For further information concerning this matter, please	call:	
TAMMY ALCORN at ( 949	) 221-0500, EXT. 200	
	Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314	
Tananassee, PL 32379	Tallallassee, L 32314	
Enclosed is a check for the following amount:		
Ø \$70.00 Filing Fee	1 \$78.75 Filing Fee &	

## 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. TRANSQNE, I	NC.			_
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
	OLDING COMPANY, INC.	ame	adopted for the purpose of transacting business in Florida	<del>-</del>
2. MARYLAND	,		74-3063632	
	under the law of which it is incorporated)		(FEI number, if applicable)	_
4. AUGUST 28, 2	002	5.	PERPETUAL PO	1 1 1 m
	of incorporation)	,	(Duration: Year corp. will cease to exist or "perpetual")	محتبس
6. NONE				<u> </u>
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	型
7. 11720 US HIGH	WAY 19, PORT RICHY, FL 34668			ين
	(Principal office	add	ress)	in T
20 CORPORAT	E PARK, SUITE 100, IRVINE, CA 926			<b></b>
	(Current mailing	add	ress)	
a TO PROVIDE N	MERCHANT SERVICES AND ANY O	THE	R PURPOSE WITHIN THE LAWS OF FLORIDA.	
			ountry to be carried out in state of Florida)	-
9. Name and stree	et address of Florida registered agent:	(P.C	D. Box NOT acceptable)	
Name:	JOHN DEMARCO			
Office Address:	11720 US HIGHWAY 19			
	PORT RICHY		, Florida 34668	
	(City)		(Zip code)	
Having been nam designated in this further agree to co	application, I hereby accept the appo	intr es r	ce of process for the above stated corporation at the nent as registered agent and agree to act in this cape elative to the proper and complete performance of n sition as registered agent.	ıcity. I

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.

(Registered agent's signature)

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

Chairman: FLORIAN DIVITIS  Address: 11 LEATHERWOOD CT, COTO DE CAZA, CA 92879  Vice Chairman: MARC REIBMAN  Address: 3604 PHILLIPS DRIVE, BALTIMORE, MD 21208  Director: TOPTAN LALA  Address: 13003 TWELVE TREES CT, CLARKSVILLE, MD 21029  Director: RAMADAN LALA  Address: 8526 HUNTSPRING DR, LUTHERVILLE, MD 21093  B. OFFICERS  President: FLORIAN DWITIS  Address: 11 LEATHERWOOD CT, COTO DE CAZA, CA 92879  Vice President: MARC REIBMAN  Address: 3604 PHILLIPS DRIVE, BALTIMORE, MD 21208  Secretary: TOPTAN LALA  Address: 13003 TWELVE TREES CT, CLARKSVILLE, MD 21029  Freasurer: RAMADAN LALA  Address: 13003 TWELVE TREES CT, CLARKSVILLE, MD 21029  RAMADAN LALA  Address: 150PTAN LALA  SEGRETARY: TOPTAN LALA  Address: 150PTAN LALA  Address: 170PTAN LALA  Addres	A. DIRECTORS	
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(Typed or printed name and capacity of person signing application)	(Signature of Director or Officer listed in number 12 of the applica-	•
	4. Florian Devitis President  (Typed or printed name and capacity of person signing application)	n)

## STATE OF MARYLAND Department of Assessments and Taxation

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I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TRANSONE, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND BALTIMORE ON THIS AUGUST 23, 2005.

Paul B. Anderson Charter Division ATTANTO TO TAIL



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410)333-7097