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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MID VENTURES, 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 A. MARKOVICH
(Name of Person)

MID VENTURES, INC.
(Firm/Company)

18W 140 BUTTERFIELD ROAD, SUITE 1490
(Address)

OAKBROOK TERRACE, IL 60181
(City/State and Zip code)

For further information concerning this matter, please call:

KIMBERLY A. MARKOVICH at 630-705-0241 x227
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**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. MID VENTURES, INC.

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

MICROTEK TRAINING AND CONFERENCE CENTER

(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. 68-0260959

(FEI number, if applicable)

4. 10/29/91

(Date of incorporation)

5. PERPETUAL

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

6. 10/1/05

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

7. 18W 140 BUTTERFIELD ROAD SUITE 1490, OAKBROOK TERRACE, IL 60181

(Principal office address)

18W 140 BUTTERFIELD ROAD SUITE 1490, OAKBROOK TERRACE, IL 60181

(Current mailing address)

8. PROVIDE CLASSROOM AND MEETING LOGISTICS FOR CORPORATE CLIENTS

(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: CYNTHIA WARRICK

Office Address: 5950 HAZELTINE NATIONAL DR, STE 40

ORLANDO

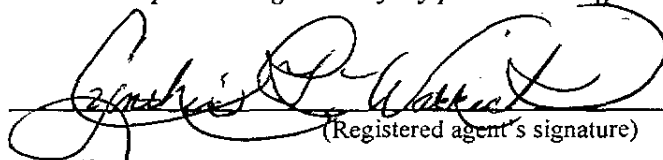
(City)

Florida 32822

(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:

A. DIRECTORS

Chairman: DONALD SLIVENSKY

Address: 8601 HEATHER DRIVE
BURR RIDGE, IL 60527

Vice Chairman: BILL TAYLOR

Address: 5534 MASONIC AVENUE
OAKLAND, CA 94618

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DONALD SLIVENSKY

Address: 8601 HEATHER DRIVE
BURR RIDGE, IL 60527

Vice President: BILL TAYLOR

Address: 5534 MASONIC AVENUE
OAKLAND, CA 94618

Secretary: DONALD SLIVENSKY

Address: 8601 HEATHER DRIVE, BURR RIDGE, IL 60527

Treasurer: DONALD SLIVENSKY

Address: 8601 HEATHER DRIVE, BURR RIDGE, IL 60527

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. DONALD SLIVENSKY

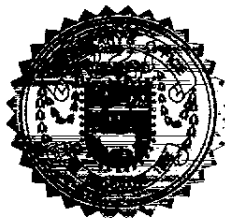
(Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MID VENTURES 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 FIFTH DAY OF DECEMBER, A.D. 2005.



3346406 8300

050984068

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4341284

DATE: 12-05-05