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| (Requestor's Name) | | | | | | |
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| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| 1/26 FPC | | | | | | |
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Office Use Only

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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|--|--|--|--|--|--|--|
| CuherPledore Inc. | | | | | | |
| SUBJECT: (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: RALPH HARVEY (Name of Person) Cyber Pleage Inc (Firm/Company) 5910 NE 14TH WAY (Address) | | | | | | |
| (Name of Person) | | | | | | |
| CyberPledge Inc | | | | | | |
| (Firm/Company) | | | | | | |
| 5910 NE 1414 WXT | | | | | | |
| (Address) FT LANDERPALE, FL, 83334 (City/State and Zip code) | | | | | | |
| (City/State and Zip code) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| RALPH HARVEY at (561, 504 6316 (Area Code & Daytime Telephone Number) | | | | | | |
| (Name of Person) (Area code & Daytime Telephone Number) | | | | | | |
| +44 7867 520542 (if not +) | | | | | | |
| 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 \$\$ \$78.75 Filing Fee \$\$ Certificate of Status \$\$ Certified Copy \$87.50 Filing Fee, \$\$ Certified Copy | | | | | | |



December 21, 2005

RALPH HARVEY CYBERPLEDGE INC. 5910 NE 14TH WAY FT. LAUDERDALE, FL 33334

SUBJECT: CYBERPLEDGE INC. Ref. Number: W05000055970

We have received your document for CYBERPLEDGE INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6967.

Letter Number: 005A00072995

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| (If name unava | ilable in Florida, ente | | | | | ose of transacting bus $0-8662$ | siness in Florid | la) |
|---|-------------------------|--|----------------------|-----------------------------|---------------------|--|------------------|-------------|
| (State or country | under the law of wh | · · | | | | number, if applicabl | le) | _ |
| 12- | 02-2005 | > | 5. | | | petual. | | |
| (Da | e of incorporation) | N/A | | (Duration: | Year co | rp. will cease to exist | t or "perpetual" | ') |
| | | first transacted b | | | | egistration) e penalty liability) | | |
| | | (Principal o | ffice addr | ess) | | | | _ |
| 5910 N | JE 14TH | WAY | FT | - LAU | DERI | ALE, FL | , 33534 | <u>c</u> . |
| Seci | aritu tr | ainina | . Con | sulta | 201 | \$ Service ut in state of Florida) | es. | _ |
| Name and stre | et address of Florid | la registered age HARVEY | nt: (P.O | . Box <u>NO</u> | _accept | able) | ALLAH | OG JAN |
| Office Address: | 5910 H | JE 14TH | + w | AY | | , | 188EC | 26 P |
| • · * : <u>-</u> | FT LAV | DERDALE (City) | | , Flori | da <u>Z</u> | 3334. | FLOR | PH 3: (|
| | | | | | (| r/ | DA IDA | ; <u>9</u> |
| laying been nat lesignated in thi urther agree to | s application, I her | gent and to acce eby accept the a ovisions of all st | ppointm atutes re | ent as regi lative to th | stered a e prope | e above stated corp gent and agree to r and complete per agent. | act in this cap | pacity. 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.

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

| A. DIRE | CTORS |
|----------------------|--|
| Chairman: | RALPH HARVEY |
| Address: _ | 5910 NE 14TH WAY |
| · · | FT LAWDERDALE, 33334 |
| -Vice Chair | man: FASH HARVEY |
| | As Above |
| . · · - | |
| Director: | KALDH HARVEY |
| - | AS ABOVE |
| | |
| : Director: | RALLY HORVEY |
| | AS AROUE |
| | |
| n orani | |
| B. OFFIC | RALPH HARVEY |
| President: | SDIO NE 14TH WAY |
| Address | FT LANDERDALE 22734 |
| - | FT LANDFRDALE, 33734 RACH HARVEY. |
| Vice Presid | The state of the s |
| .≜ <u>dd</u> ress: _ | As Above. |
| | <u> </u> |
| Secretary: | RALPH HARVEY |
| Address: _ | |
| Treasurer: | AS ABOVE. |
| Address: _ | |
| | |
| NOTE: I | f 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 | RALPH HACVEY PRESIDENT. |
| A Tr | (Typed or printed name and capacity of person signing application) |

Delaware

PAGE 3

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYBERPLEDGE 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 NINTH DAY OF JANUARY, A.D. 2006.



Florence Smith Window Sagreson of Sons

AUTHENTICATION: 4435178

DATE: 01-09-06

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