

F06000005054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

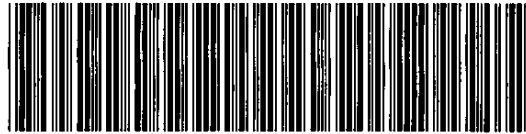
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2006 JUL 31 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1106-32945

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SOFTWARE PROJECTS 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:

MIKE PETERS
(Name of Person)
SOFTWARE PROJECTS
(Firm/Company)
1257 PINE ISLAND RD
(Address)
PLANTATION FL 33324
(City/State and Zip code)

For further information concerning this matter, please call:

MIKE PETERS at (954) 915-9456
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2006

MIKE PETERS
SOFTWARE PROJECTS
1257 PINE ISLAND RD
PLANTATION, FL 33324

SUBJECT: SOFTWARE PROJECTS INC.
Ref. Number: W06000032445

We have received your document for SOFTWARE PROJECTS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,300.00.

Please return your document, along with 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) 245-6855.

Tammy Hampton
Document Specialist

Letter Number: 306A00046665

RECEIVED
06 JUL 31 AM 10:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Software Projects^{INC}

SOFTWARE DEVELOPMENT

ATTN:

Tammy Hampton
Document Specialist
P.O.Box 6327
Tallahassee Florida 32314

Date: July 28, 2006

RE: Affidavit - Software Projects Inc. Ref No W06000032445

Dear Tammy Hampton,

I called you today after receiving your letter, but you were away from your desk.

I had explained our situation to the person who answered the phone and was requested to put together this affidavit.

SoftwareProjects is a Dealware corporation with headquarters in New York (331 West 57th street, Suite 444, New York NY 10019)

I have been working for the company for two years. I have been assigned the task of launching our new location in Plantation Florida.

As part of the process of establishing a business here in Florida, I need to open a bank account and provide my bank account information to a landlord to secure space.

I was advised by Regions Bank that before opening a bank account I need to register the business in sunbiz.org. This is what I am currently trying to do.

I hereby state that the business is still not doing business in the state of Florida. Once our application is approved, I will be able to open a bank account and secure office space.

If I entered a different date on the online application it was a mistake. SoftwareProjects is not doing business in the state of Florida as of yet.

Please let me know if there is any additional information you require.

I look forward to getting our application processed so that we can establish a location in Florida.

Sincerely,
Mike Peters
SoftwareProjects Inc.
1257 Pine Island Rd.
Plantation FL 33324



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06 AUG -1 PM 12:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. SOFTWARE PROJECTS INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- SOFTWARE PROJECTS INCORPORATED
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 51-045-0530
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/24/2003 5. Perp.
(Date of incorporation) (Duration: Year corp will cease to exist or "perpetual")
6. 2/1/2004
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1257 Pine Island Rd, Plantation FL 33324
(Principal office address)
" "
(Current mailing address)

8. SOFTWARE DEVELOPMENT
(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: Mike Peters

Office Address: 1257 Pine Island Rd.
Plantation, Florida 33324
(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.

M. Peters
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Mike Peters
Address: 9936 NW 2nd Ct
Plantation FL 33324

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mike Peters

Address: 9936 NW 2nd Ct
Plantation FL 33324

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. Mike Peters
(Signature of Director or Officer listed in number 12 of the application)

14. MIKE PETERS
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "SOFTWARE PROJECTS INC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2003, AT 9 O'CLOCK A.M.



3628374 8100

060674368

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4905275

DATE: 07-17-06