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COVER LETTER

COVER LETTER		
TO: New Filing Section Division of Corporations SUBJECT: Xzact Technologies, Inc.		
SUBJECT: Xzact Technologies, 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:		
Scott W. Stull		
(Name of Person)		
Xzact Technologies, Inc.		
(Firm/Company)		
9731-A Southern Pine Blvd		
(Address)		
Charlotte, NC 28273		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Scott W. Stull at (704) 527-1515		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$\bigcup \\$78.75 Filing Fee & \bigcup \\$78.75 Filing Fee & \bigcup \\$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy 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.

L Xzact Tec	chnologies, Incorporated	
(Enter name of eq	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
"inc.," "Co.," "Co	Corp." "Inc." "Co." or "Corp.")	
XTI, Incorp	porated	
	lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. North Card	olina 3, 84-1699190	
	under the law of which it is incorporated) (FEI number, if applicable)	-
4. January 1	1, 2006 Serpetual Serpetual	
(Date	e of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. Has not tra	ansacted any business in Florida as of this date.	·
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
_{7.} 9731-A So	outhern Pine Blvd Charlotte NC 28273	
	(Principal office address)	•
9731-A So	outhern Pine Blvd Charlotte NC 28273	
	(Current mailing address)	
g Business r	relationship with customer which entails the state of Florida	
	c) of correction authorized in home state as against to be corried out in state of Elizabet	er er
9. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. 2731 Executive Park Drive, Suite 4 Weston Florida 33331	
Name:	NRAI Services, Inc.	
ivanic.	2724 Franchisco Ports October 1	
Office Address:	2731 Executive Park Drive, Suite 4	
	Weston Florida 33331	.
	(City) (Zip code)	
10. Registered ag	gent's acceptance:	
Having been name	ned as registered agent and to accept service of process for the above stated corporation at the place	
aesignated in this	application, I hereby accept the appointment as registered agent and agree to act in this capacity. I	

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.

ry: Wast The 7-28-0
(Revisioned agent's signature)

(Registered agent's signature)
Christian Eubanks, Assistant Secretary

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:	08 511
A. DIRECTORS	PAGE MIG. CO
hairman: Rick Sousa	All
Address: 9731-A Southrn Pine Blvd CLT NC 28273	OS AUG TED TARRILLED AND NO NO
	THAT STATE OF THE
rice Chairman: Scott W. Stull	,
ddress: 9731-A Southrn Pine Blvd CLT NC 28273	
irector:	
ddress:	
irector:	4.0. 5
ddress:	
. OFFICERS	
resident: Rick Sousa	
ddress: 9731-A Southrn Pine Blvd CLT NC 28273	
ice President:	
ddress:	
cretary: Scott W. Stull	
ddress: 9731-A Southrn Pine Blvd CLT NC 28273	
easurer:	
ddress:	
OTE: If necessary, you may attach an addendum to the application listing ad	ditional officers and/or directors.
3	ha annligation)
Scott W. Stull, CFO	не аррисанову

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



NORTH CAROLINA Department of The Secretary of State

To all whom these presents shall come, Greetings:

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF INCORPORATION

OF

XZACT TECHNOLOGIES, INC.

the original of which was filed in this office on the 11th day of January, 2006.





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of June, 2006.

Secretary of State

Elaine I. Marshall

Certification# 85809673-1 Reference# 8285967-ACH Page: I of 3 Verify this certificate online at www.secretary.state.nc.us/verification