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(Requestor's Name)					
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Vision 1,					
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(City	//State/Zip/Phone	e #)			
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# PRINGLE & HERZOG A PROFESSIONAL LAW CORPORATION 517 SPRING STREET SHREVEPORT, LOUISIANA 71101-7281

R. PERRY PRINGLE JOHN R. HERZOG TELEPHONE (318) 221-3786 FACSIMILE (318) 221-4045 Writer's E-Mail: John@pringleandherzog.com

September 12, 2006

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Interbee Information Services, Inc.

#### Gentlemen:

Enclosed are the following documents to register Interbee Information Services, Inc., as a foreign profit corporation to transact business in Florida:

- (1) Cover Letter;
- (2) Completed Application by Foreign Corporation for Authorization to Transact Business in Florida;
- (3) Certified State of Louisiana Certificate of Existence of Interbee Information Services, Inc.; and
- (4) Check in the amount of \$87.50 for the Filing Fee, Certificate of Status and certified copy.

If you need additional information, please advise.

Sincerely,

John R. Herzog

L/Shahrdar/FL/Div.Corp.

**Enclosures** 

cc: Mr. Keyvan Shahrdar

# **COVER LETTER**

TO: New Filing Section Division of Corporations
SURJECT: Interbee Information Services. Inc.
(Name of corporation - must include suffix)
Name of corporation - must include suffix)  ar Sir or Madam:  e enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ertificate of Existence," and check are submitted to register the above referenced foreign corporation to insact business in Florida.  ease return all correspondence concerning this matter to the following:  Mr. Keyvan Shahrdar  (Name of Person)  Interbee Information Services, Inc.  (Firm/Company)
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:
Mr. Keyvan Shahrdar _
Interbee Information Services, Inc.
6658 Youree Drive, Suite 165
(Address)
Shreveport, LA 71105
For further information concerning this matter, please call:
Keyvan Shahrdar at ( 318 ) 219-8082
(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 & \$78.75 Filing Fee & X \$87.50 Filing Fee,  Certificate of Status Certified Copy 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.	Interbee I	information Services, Inc.	a contact of the cont		
		orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION	√,"	
				<u> 4. 3.33 ***</u>	<u> </u>
	(If name unavaila	ble in Florida, enter alternate corporate name	e adopted for the purpose of transacting	g business in Florid	da)
2.	Louisiana		721452183_	y sa a ta	er e
	(State or country t	under the law of which it is incorporated)	(FEI number, if appl		<u> </u>
4.	May 27, 19	99	Perpetual		in the state of th
	(Date	of incorporation)	(Duration: Year corp. will cease to	exist or "perpetual	")
б.			in Florida, if prior to registration) 502, F.S., to determine penalty liabilit	ty)	
7.	6658 Youre	ee Drive, Suite 165, Shrevepo	rt, LA 71105		ं ्राप्त
•		(Principal office add	iress)	<del></del>	-
	Same as al	oove	,	÷ =	
		(Current mailing add	iress)		<del>bb_</del> =
			•	<b>⋝</b> ′0 (	<b>&gt;</b>
8.	Computer S	ales and Repairs	· · · · · · · · · · · · · · · · · · ·		ም <u>ወ</u> _
	(Purpose(s)	of corporation authorized in home state or c	ountry to be carried out in state of Flo	rida)	7 7
9.	Name and street	address of Florida registered agent: (P.0	O. Box NOT acceptable)	. ή – ,	
	Name:	Jose Nae	<u></u>		
Of	ffice Address:	1549 NE 123rd Street		_ <u>22</u> _	ນ ລ⊤ ກ
		North Miami	, Florida 33161-6029	<b>&gt;</b>	
		(City)	(Zip code)	•	
	×	Maria and a second	•		

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 in familiar with and accept the obligations of my position as registered agent.

Jose Nae (Registered agent's signature)

11. Attached is a pertificate 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. DIRECT	ORS			
Chairman:	Keyvan Shahrdar	<u>.                                    </u>		· · · · · · · · · · · · · · · · · · ·
Address:	6658 Youree Drive, Suite 165			
	Shreveport, LA 71105		<u></u>	
Vice Chairma	n:	<del></del>		
Address:				
<del></del>				
Director:		·		
				· · · · · · · · · · · · · · · · · · ·
Director:				
				s 'A' - somewhy
B. OFFICE	RS	# F		<del></del>
President:	**- 01 1 7			
	6658 Youree Drive, Suite 165			- 06 S
Address	Shreveport, LA 71105			SEP F
	- xx - 3		24.7.7 (1)-	- 0
	t: John wood 6658 Youree Drive, Suite 165			<del>2</del> <del>1</del> 2
Address:	· · · · ·	* * * * * * * * * * * * * * * * * * * *	<u> </u>	<del></del>
	Shreveport, LA 71105		5	·- ,
		The second of th	, leave,	<del> </del>
Address:	Dale Slack	Take Total		
Treasurer:	6658 Vourse Drive Suite 165	· -		· · · · · · · · · · · · · · · · · · ·
Address:	6658 Youree Drive, Suite 165 Shreveport, LA 71105	W R 50.		
NOTE: If n	ecessary, you may attachian addendum to the appli	cation listing additio	nal officers and/or direc	ctors.
13	han Shahaha			
	(Signature of Director or Officer listed in	number 12 of the ap	oplication)	
14. <u>K</u>	Typed or printed name and canacity of	fangan signing anni	ligation)	



SECRETARY OF STATE

As Secretary of Plate, of the State of Louisiana, I do hereby Certify that the Articles of Incorporation of

### INTERBEE INFORMATION SERVICES, INC.

Domiciled at SHREVEPORT, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on May 27, 1999,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on, August 16, 2006

RRO 34796626D

Secretary of State

