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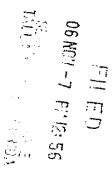
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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: ISP3 USA IN	<i>C</i> .	
SUBJECT: 15P3 USA IN (Name of corporation)	on - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to a transact business in Florida.		
Please return all correspondence concerning this matter	to the following:	
Kevin Stickle, CP	A	
Kevin Stickle, CP	f Person)	
Larson Gross P.L. (Firm/Co	L.C.	
(Firm/Co	ompany)	
815 3RD ST.	ress)	
		7. OS
BLAINE, WA, 982 (City/State	30	06 NO 17
(City/State	and Lip code)	
For further information concerning this matter, please of	call:	ED PM2:5
Kevin Stickle CPA at (360 (Name of Person) (Area	734-4280 Code & Daytime Telephone Number)	10810A 2: 56
(Table of Follow)	Code de Dayanio Acceptione Commony	
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 & X \$87.50 F Certified Copy Certific Certifie	ate of Status &

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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp," "Inc.," "Corp," "Inc.," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. WASHINGTON 3. Zo · 3437253 (State or country under the law of which it is incorporated) (Fill number, if applicable) 4. January 5, 2006 (Date of Incorporation) (Date of Incorporation) (Date of Incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 1700 Seventh Ave · Ste. Zeo, # 102 Seathe WA 98101-133 (Principal office address) (Current mailing address) 8. Software Systems Implementations (Purpose(s) of corporation authorized in home state of country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 2731 Executive Park Dr., Ste 4 Weston , Florida 33331 (City)	1.	1253 A24 INC.	
2. WASHINGTON 3. ZO 3437253 (State or country under the law of which it is incorporated) 4. January 5, 2006 (Date offincorporation) 5. Perpetval (Duration: Year corp. will cease to exist or "perpetual") 6. May 22, 2006 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 1700 Seventh Ave. Ste. 2(00, #102 Seathe WA 98101-133 (Principal office address) (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: NRAI Services, Inc. Office Address: 2731 Executive Park Dr., Ste 4 Weston Florida 33331			
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9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. 2731 Executive Park Dr., Ste 4 Weston , Florida 33331	8.	Software Systems Inplementations (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	<u></u>
Office Address: 2731 Executive Park Dr., Ste 4 Weston, Florida 33331	9.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	111
Office Address: 2731 Executive Park Dr., Ste 4 Weston, Florida 33331		Name: NRAI Services, Inc.	
Weston, Florida 33331 (Zip code)	O.	2721 Executive Pork Dr. Cto 4	e e e e e e e e e e e e e e e e e e e
		Weston , Florida 33331 (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)
Melissa Tomelden, Assistant Secretary of NRAI

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:

DIRECTORS
hairman: William Liv
ddress: 1431 W 58th Street
Vancouver BC Canada V7PIW4
ice Chairman: David Richardson
ddress: 4630 S. Kirkman Rd PMB 283
Orlando FL 32811-2898
rirector:
ddress:
the state of the s
pirector:
ddress:
the same of the sa
. OFFICERS
resident: William Liv
ddress: 1431 W 58th St.
Vancouver BC Canada VIPIW4 0
ice President: David Richardson
ddress: 4630 S. Kirkman Rd PMB 283
Orlando FL 32811-2898 1 311
ecretary:
ddress:
reasurer:
ddress:
OTE: If necessary, you may affach an Addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
4. David Richardson Vice President
(Typed or printed name and capacity of person signing application)



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF** ISP3 USA, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 1/5/2006.

I FURTHER CERTIFY that as of the date of this certificate, ISP3 USA, INC. remains active and has complied with the filing requirements of this office.

Date: October 3, 2006

UBI: 602-571-888

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State