Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000272162 3)))



H060002721623ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714

: (850)222-1173

Phone Fax Number

: (850)224-1640

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

11/09/06

100916.60000

FOREIGN PROFIT/NONPROFIT CORPORATION

COLLABORATIVE FUSION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	94° 05
Estimated Charge	\$70.00

SEON NOV -9 AM 9: 43 |

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

MISSION RD 11/16

To: +1 (850) 205-0381

Subject: 000916.60000

From. Ricky Soto

Wednesday, November 15, 2006 9:29 AM Page: 2 of 5

850-205-0381

11/14/2006 1:15 PAGE 001/001 Florida Dept of State



November 14, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPDIRECT AGENTS, INC.

SUBJECT: COLLABORATIVE FUSION, INC.

REF: W06000049809

PLEASE GIVE ORIGINAL FRIBMISSION DATE AS FILE DATE.

11/09/06

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden Document Specialist New Filing Section FAX Aud. #: H06000272162 Letter Number: 306A00066663

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

H06000272162 3

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 POREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

CALLA	BARBONE FUSICAL	Tuc.	·
(Enter name of co	BORATINE FUSICAL, reportation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	S NO.
			影。
(If name unavailal	ole in Florida, enter alternate corporate name i	adopted for the purpose of transacting bu	siness in Florida)
2. De	laware 1	25-1865773	语言。 "
(State or country is	nder the law of which it is incorporated)	(FEI number, if applicab	بي نے دواد
4. 04	126/00 5.	Perpatual (Duration: Year corp. will cease to exi	92 H3
(Date o	of incorporation)	(Duration: Year corp. will cease to exi-	st or "porpotual")
6.	. / DON QUAL.	tication)	•
	(Date first transacted fusiness in (SEE SECTIONS 607, 1501 & 607. 15	i Florida, if prior to registration) 02, F.S., to determine penalty liability)	
7. 1710	MUKKNY AVE SUI	TE 320 PITTS BUR	6H PA 15217
	(Principal office addr	resa)	
som	e as also a. (Current mailing adds		
	(Current mailing add:	rese)	
8. Softw	are - Emorgency	Prepared ness	TALLAN -9
(Purpose(s)	of corporation authorized in home state or co	unitry to be carried out in state of Florida	0 是是 三二
9. Name and street	address of Florida registered agent: (P.O		6
Name:	Royistered Agent Solu.		一贯 王
Office Address:	155 Office Plaza Dr.	Suite A	Courty of
	Tallahassee (City)	, Florida <u>3230/</u>	1 2 5 To
	(City)	(Zip code)	7 E 2 W
designated in this	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appoints mply with the provisions of all statutes re	ient as registered agent and agree to	act in this capacity. I
and I am familiar	with and accept the obligations of my pos	sition as registered agent.	<i></i>
	heard O	Wie /	-
	(Registered agent's signature)		
the Department of	ortificate of existence duly authenticated, State, by the Secretary of State or other of hich it is incorporated,		

H060002721623

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Atila Omer
Address: 7500 Old Georgetown Rd., Suite 910
Bethesda, MD 20814
vice Chairman: Bryan Kaplan
Address: 1710 Murray Ave., Suite 320
Pittsburgh, PA 15217
Director: George Fechter
Address: 1710 Murray Ave., Suite 320
Pittsburgh, PA 15217
Director:
Address:
B. OFFICERS
President: Atila Omer
Address: 7500 Old Georgetown Rd., Suite 910
Bethesda, MD 20814
Vice President:
Address:
Secretary: Bryan Kaplan
Address: 1710 Murray Ave., Suite 320, Pittsburgh, PA 15217
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Pressor of Officer listed in number 12 of the application)
Bryan Kaplan - Secretary
(Turned on winted name and connects of neuron coming application)

H060002721623

PAGE 1

Delaware

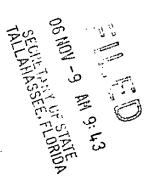
The First State

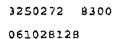
I, HARRIET EMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLLABORATIVE FUSION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLLABORATIVE FUSION, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JUNE,
A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE SEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE PRANCHISE TAXES HAVE BEEN PAID TO DATE.







Warnet Smile Handson Harriot Smith Windson, Secretary of State

AUTHENTICATION: 5182999

DATE: 11-09-06