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FOREIGN PROFIT/NONPROFIT CORPORATION

SOLAPHARM, INC.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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**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. SOLAPHARM, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. April 6, 2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1000 South Pine Island Rd., Suite 230 Plantation, FL 33324

(Principal office address)

1000 South Pine Island Rd., Suite 230 Plantation, FL 33324

(Current mailing address)

8. To engage in any lawful act or activity for which corporation may be organized under the General Corporation Law of Delaware.

(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: Lawrence Solomon

Office Address: 1000 South Island Rd. Suite 230

Plantation

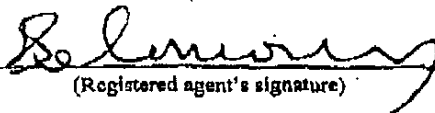
(City)

Florida 33325

(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)

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

A. DIRECTORSChairman: Lawrence SolomonAddress: 1000 South Pine Island Rd., Suite 230 Plantation, FL 33324

Vice Chairman: _____

Address: _____

Director: Elliot HahnAddress: 1000 South Pine Island Rd., Suite 230 Plantation, FL 33324Director: David LuckingAddress: 1000 South Pine Island Rd., Suite 230 Plantation, FL 33324**B. OFFICERS**President: CEO: Lawrence SolomonAddress: 1000 South Pine Island Rd. Suite 230 Plantation, FL 33324Vice President: Geoff GreenAddress: 1000 South Pine Island Rd., Suite 230 Plantation, FL 33324

Secretary: _____

Address: _____

Treasurer: Lawrence SolomonAddress: 1000 South Pine Island Rd., Suite 230 Plantation, FL 33324**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Lawrence Solomon

(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 "SOLAPHARM, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLAPHARM, INC." WAS INCORPORATED ON THE SIXTH DAY OF APRIL, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5212493

DATE: 11-20-06