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#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Guide Soft, 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:
Juliz Bizlawski (Name of Person)
Guidesoft, Inc. (Firm/Company)
8276 Allison Printe Trail, STE 200 (Address)
Indianapolis, IN 46250 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Tuliz Di Elawski at (317) 579 - 1700 (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 & Certificate of Status Certified Copy Certificate of Status Certified Copy



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2006

JULIE BIZLAWSKI / GUIDESOFT, INC. 8275 ALLISON POINTE TRAIL, STE. 200 INDIANAPOLIS, IN 46250

SUBJECT: GUIDESOFT, INC. Ref. Number: W06000049142

We have received your document for GUIDESOFT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis Document Specialist

Letter Number: 806A00065940

### 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. <u>Guide Soft, Inc.</u>
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>Indiana</u> 3. 35-1934449
2. Indiana 3. 35-1934449 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/30/1994 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (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 9275 Allican Printe TR. Suite 210 Industr TAI 4626A
7. 8275 Allison Pointe TR, Suite 200, Indpls, IN 46250 (Principal office address)  8275 Allison Pointe TR. Suite 200, Indpls, IN 46250 (Current mailing address)
cone ille poi le cuite son mi il mil ecoes
_ BLTS Allison Pointe TE. Swill Pol, Indp 15, IN 46250
(Current maning address)
8
(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: Valtrit Toyner
Office Address: 19103 Dove Crede Dr.
To a C 32/10
Office Address: 19103 Dove Creck Dr.  Tampa fl.  (City)  (City)  Total 33147  (Zip code)
(City) (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.

12. Names	and business addresses of officers and/or directors:	٨.
A. DIREC	CTORS	06 NOW ED
Chairman: _	Julic BiHawski	SECTION 27 PM
Address:	8275 Allison Points Trail, Suite	2001300 232
<del></del>	Tulie BiHawski 8275 Allison Pointe Trail, Suite Indpls, IN 46260	CE, MONTE
	nan: JOF BIFLANSKi	
ddress:	8275 Allison Pointz Trail, Suite	- 200
	Indpls, IN 46250	
)irector:	•	
\ddress:		
_		
irector:		
ddress:		
_		
. OFFIC	ERS	
resident:	Juliz Bizlanski	
ddress:	8279 Allison Pointe TRAIL, Suite 2	00
	Indp15, IN 46250	
	ent: JOF Pitlanski	
ddress:	8275 Misson Printe Trail, Sni	tz 208
	Indp15, IN 46260	
	Julie Britlanski	
ddress:	8275 Allison Pointe TRAIL Suite	- 200 Indpls, IN 46
easurer: _	JOE prielanski	
ddress:	8276 Allison Pointe Trail, Suite JOE prielanski 8276 Allison Pointe Tr, Suite 200, I	Endels IN 462CD
		, , ——————————————————————————————————
OTE: If	necessary, you may attach an addendum to the application listing additional	officers and/or directors.
3	Jany 3 mg	
	(Signature of Director or Officer listed in number 12 of the applic	cation)
4	(Typed or printed name and capacity of person signing applicat	ion)

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

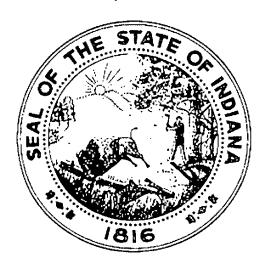
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### GUIDESOFT, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 30, 1994, and was in existence or authorized to transact business in the State of Indiana on November 21, 2006.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-First Day of November, 2006.

TODD ROKITA, Secretary of State

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