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, (R€	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
· (Document Number)		
Certified Copies	_ Certificates	s of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2006

CHRISTINA M. PATRICK 3218 6TH AVE. NORTH ST PETERSBURG, FL 33713

SUBJECT: STONETREE SOFTWARE INC.

Ref. Number: W06000048844

We have received your document for STONETREE SOFTWARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unable to contact you by telephone.

Please complete the application.

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) 245-6933.

Dale White Document Specialist

Letter Number: 706A00065693



November 7, 2006

CHRISTINA M. PATRICK 3218 6TH AVE. NORTH ST PETERSBURG, FL 33713

SUBJECT: STONETREE SOFTWARE INC.

Ref. Number: W06000048844

We have received your document for STONETREE SOFTWARE INC. and your check(s) totaling \$87.50. 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.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6933.

Letter Number: 706A00065693

Dale White Document Specialist

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: STUTETREES	OPTIVARE INC.
	ration - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	A-reck
Stanetee Sithure	e of Person) Inc.
(Firm	(Company)
3218 6 F Are.	Nivth
St. Pekisbung	Address) Flavida . 337/3 ate and Zip code)
(City/Sta	ate and Zip code)
For further information concerning this matter, plea	
MARKR PATRICK at 72	7,328-13.10
(Name of Person) (Ar	ea 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 & Certificate of Status	\$78.75 Filing Fee & \$\sum (\sum (\s) (\sum (\sum (\s) (\sum (\s) (\sum (\s) (\s) (\s) (\s) (\sim (\s) (\s) (\sim (\sim (\s) (\s) (\s) (\s) (\s) (\s) (\s) (\sim (\s) (\s) (\s) (\s) (\s) (\s) (\s) (\s)

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.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (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: Office Address:

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 directorsA. DIRECTORS	FILED OT JAN 19 AM 8: 19
Chairman:	Stoney & AM 8: 19
Address:	ALLAHASON OF STATE
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
President: CHRISTINA M. PATRICK Address: 10 F WWDING- BROOK DR CUNNAMINSON, NJ 0807	7
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the app	olication listing additional officers and/or directors.
(Signature of Director or Officer listed	in number 12 of the application)
14. hristing M. Kathick	
(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 "STONETREE SOFTWARE, 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 TWENTY-SIXTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

BEEN FILED TO DATE.

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



arriet Smith Hindson

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AUTHENTICATION: 5149462

DATE: 10-26-06

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060985982