F0700001768

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



600088421836

02/16/07--01012--008 **78.75

07 APR -2 MM ID: 17 SECRETARY OF STATE TALLAHASSEE, FLORICA

1007-8482

COVER LETTER

| TO: | O: New Filing Section Division of Corporations | | | | | |
|---|--|--|------------------------------------|--|--|--|
| SURI | г ∕Т∙ | INFOSU | N INC | _ | | |
| SUBJECT: | | | | | | |
| Dear S | ir or Madam: | | | | | |
| "Certif | closed "Applicate of Existent to the business in Fl | | n for Authoriz d to register th | zation to Trans he above refere | act Business in Florida," enced foreign corporation to | |
| Please | return all corre | spondence concerning this n | natter to the fo | ollowing: | | |
| | | MAYUKO (Na | SETO |) | | |
| | | (Na | me of Person) | <u> </u> | | |
| INFO SUN (Firm/Company) | | | | | | |
| | | (Fir | m/Company) | • | | |
| | 650 | Central Ave | nue. | Suite | 1 | |
| | _ | | (Address) | | | |
| | Saro | csota, FL 3 | 4276 | | | |
| | | (City/S | State and Zip | code) | | |
| For fu | rther informatio | n concerning this matter, plo | ease call: | | | |
| As | im Cha | uhan a q | 41 3 | 16-96 | 77 | |
| Asim Chauhan at (941) 316-9677 (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 | | |
| Enclos | sed is a check fo | or the following amount: | | | | |
| \$70 | .00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | | Filing Fee & ied Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy | |



February 19, 2007

MAYUKO SETO 650 CENTRAL AVE SUITE 1 SARASOTA, FL 34236

SUBJECT: INFOSUN INC Ref. Number: W07000008482

We have received your document for INFOSUN 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the original and one copy of 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) 245-6931.

Becky McKnight Document Specialist New Filing Section

Letter Number: 207A00012130



March 16, 2007

MAYUKO SETO 650 CENTRAL AVE SUITE 1 SARASOTA, FL 34236

SUBJECT: INFOSUN TECHNOLOGY INC.

Ref. Number: W07000008482

We have received your document for INFOSUN TECHNOLOGY 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):

You failed to make the correction(s) requested in our previous letter.

The document must be signed by the chairman, any vice chairman of the boardocument it is of directors; its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or the property of the person signing the document must be noted beneath or the property of the person signing the document must be noted beneath or the person signing the document must be noted beneath or the person signing the document must be noted beneath or the person signing the document must be noted beneath or the person signing the document must be noted beneath or the person signing the document must be noted beneath or the person signing the document must be noted beneath or the person signing the document must be noted beneath or the person signing the document must be noted beneath or the person signing the document must be noted beneath or the person significant must be noted beneath or the person s

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The alternate name you listed is unavailable. In line one the name needs to be identical to your certificate and the alternate name goes on the line underneath where it refers to an alternate name.

Please return the original and one copy of 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) 245-6931.

Becky McKnight Document Specialist New Filing Section

Letter Number: 207A00012130

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. INFOSUN INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.") INFOSUN VENTURES INC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Aue. Sto. 1 Sarasota,
(Principal office address) 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. 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: A. DIRECTORS Chairman: ___ Address: Vice Chairman: __ Address: Director: Address: ___ Director: Address: **B. OFFICERS** President: ____ Address: ___ Vice President: ___ Address: ___ Secretary: ___ Address: ___ Treasurer: ____ Address: ____ 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) Asim Chauhan

(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFOSUN 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 FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFOSUN INC." WAS INCORPORATED ON THE FIFTH DAY OF APRIL, A.D. 2001.

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

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

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070146010

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5420891

DATE: 02-09-07