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FOREIGN PROFIT/NONPROFIT CORPORATION

Lasernetworks Inc.

Certificate of Status	0
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. I 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Lasernetworks Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")
"me.," "Co.," "Corp," me, "Co," or Curp.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 98 - OH13867
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. DEC 23, 2004 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Alkiu 2007. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 322 8th Ave. Suite 1701 NEW YORK, NEW YORK 10001
(Principal office address)
1- 2823 BRISTOL CIRCLE, ORKUILLE, ON - CANADA LIGH INS
(Current máiling address)
8. TO PROVIDE SERVICE AND PRINTERS IMAGING SOLUTIONS
(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: CT corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324 (City)
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 canacity. 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.
CHARLES W. MEYER A L O L O L MO L ASSISTANT SECRETARY
Charles W Mayer ASSISTANT SECRETARY

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _ Address: . Vice Chairman: ___ Address: Director: _ Address: _ Director: B. OFFICERS STORTE President: CHRIS BRISTOL CIRCLE, CAKUILLE, ON C 20 PIGOTT Vice President: CHRIS CIRCLE 645 Address: __ 1 ~ 2623 BRISTOL DAKULLE, OD Secretary: _ Address: Treasurer: Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) STOATE - PRESIDENT (Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LASERNETWORKS 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 TRIRTIETH DAY OF APRIL, A.D. 2007.

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.



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Harriet Smith Windson, Secretary of States

AUTHENTICATION: 5636519

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DATE: 04-30-07