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Division of Corporations

Fax Number : (850)205-0381

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From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : 12000000195

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FOREIGN PROFIT/NONPROFIT CORPORATION

FIRST CLASS CORP

| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

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PAGE 001/001

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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May 29, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: FIRST CLASS CORP.

REF: W07000025525

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

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Ruby Dunlap Regulatory Specialist New Filing Section FAX Aud. #: H07000142024 Letter Number: 507A00036845

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.

| 2. WYOMING | 3 | ame adopted for the purpose of transacting business in Florida) 3. | - |
|------------------------------------|--|---|--------------|
| (State or country 4. 02/29/2000 | under the law of which it is incorporated) | (FEI number, if applicable) 5. PERPETUAL | |
| | of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") | ~ |
| 6. UPON FILI | • | | |
| ·, | (Date first transacted busine | ess in Florida, if prior to registration) 17.1502, F.S., to determine penalty liability) | - |
| - 2202 N. WE | | TUITE 200, TAMPA, FL 33607 | |
| / | (Principal office | | - |
| 1201 HAYS | STREET, TALLAHASSEE, I | FL 32301 | |
| | (Current mailing | address) | · |
| 8. USE OF LI | ,∵.` MOS | | • <u>≥</u> |
| | | or country to be carried out in state of Florida) | . 7 H |
| , , | et address of Florida registered agent: (| | A N |
| a. Ivalue and suci | Corporation Service Compar | , . <u>-</u> | 25 C |
| Name: | | 19 | ORP |
| Office Address: | 1201 Hays Street | | OR |
| | Tallahassee | , Florida 32301 | <u>မ</u> ှု |
| | (City) | (Zip code) | + 2 |
| | | ervice of process for the above stated corporation at the p intment as registered agent and agree to act in this capa es relative to the proper and complete performance of m | city, I |

ANN R. SHILLING, ASSISTANT VP

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.

H07000142024 3

| 2. Nam | nes and business addresses of officers and/or directors: | | |
|---|---|-----------------|-------------|
| a ntgi | ECTORS | | |
| | MATTHEW SHULTZ | | |
| Chairman | 2202 N. WEST SHORE BOULEVARD, SUITE 200, TAMPA, FL 33607 | | |
| Address: | ZZUZ N. WEST SHORE BOULEVARD, SUITE ZUO, TAMIFA, FE 33007 | | _ |
| | · | | _ |
| Vice Chai | irman: | | _ |
| Address: | | | |
| | | | 되 |
| Director: | | 9_ | SE 33 |
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| Address: | | မ | -8E |
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| B. OFF | | | S |
| President | RICHARD GREENBERG | | |
| Address: | 2202 N. WEST SHORE BOULEVARD, SUITE 200, TAMPA, FL 33607 | _ | _ |
| • | | | |
| ıdı. D | sident: CAROLYN STONE | _ | |
| Aice Lies | 2202 N. WEST SHORE BOULEVARD, SUTTE 200, TAMPA, FL 33607 | | _ |
| Address: | | | _ |
| | | | |
| Secretary | /t | | - |
| Address: | | | |
| Treasurer | r: | | |
| 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) | | <u> </u> |
| | M. L. S. J | | |
| 14 | (Typed or printed name and canacity of person signification) | | |

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

First Class Corp.

is a Profit Corporation

formed or qualified under the laws of Wyoming did on February 29, 2000, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2000-000401998.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of May, 2007 at 10:10 AM. This certificate is assigned 001340920.



Secretary of State

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H07000142024 3

Notice: A certificate issued electronically from the Wyomlng Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.