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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

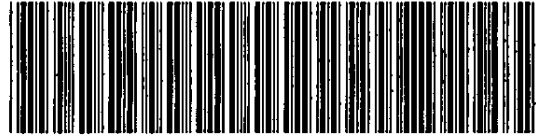
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 JUN 21 P 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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78-22-9
2007

Fivefold Management Corporation
10960 Echo Loop
New Port Richey, Florida 34654

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 19, 2007

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Div of Corporations:

We have enclosed forms to register our Delaware corporation as a foreign corporation doing business in Florida and forms to apply for a fictitious name.

We have enclosed separate checks for each of the two above transactions.

Please do not hesitate to contact us with any questions you may have at 727-432-5220.

Thank you,



Joseph A. Pursley
Fivefold Management Corporation

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FireFold Management Corporation
(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:

Joseph A. Pursley
(Name of Person)

FireFold Management Corporation
(Firm/Company)

10960 Echo Loop
(Address)

New Port Richey, FL 34654.
(City/State and Zip code)

For further information concerning this matter, please call:

Joseph Pursley at (727) 432-5220
(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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

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**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. Firefold Management Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
SMC.COM
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 59-3755757
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/20/2001 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7795 114th Ave, Largo, FL 33773
(Principal office address)
334 East Lake Rd #172, Palm Harbor, FL 34685
(Current mailing address)

8. OPENED AN OFFICE IN FLORIDA
(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 S. Pine Island Rd
PLANTATION, Florida 33324
(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.

Barbara A Burke

(Registered agent's signature)

Barbara A. Burke
Special 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.

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TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: John B. Pursley

Address: 10956 Echo Loop
New Port Richey, FL 34654

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Joseph A. Pursley

Address: 1694 Lago Vista Blvd
Palm HARBOR, FL 34685

Vice President: _____

Address: _____


Secretary: Veronika Pursley

Address: 1694 Lago Vista Blvd, Palm HARBOR, FL 34685

Treasurer: Nancy J. Walters

Address: 10956 Echo Loop, New Port Richey, FL 34654

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)

14. JOSEPH A. Pursley
(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 "FIVEFOLD MANAGEMENT CORPORATION" 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 TWELFTH DAY OF JUNE, A.D. 2007.

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

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2007 JUN 21 P 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5751439

DATE: 06-12-07