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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

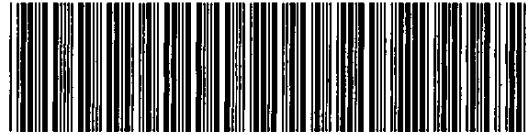
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D. WHITE AUG -8 2007

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** LaserNation Franchising 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:

Lynn Hayes, Paralegal

(Name of Person)

LeClair Ryan, A Professional Corporation

(Firm/Company)

951 East Byrd Street

(Address)

Richmond, Virginia 23219

(City/State and Zip code)

For further information concerning this matter, please call:

Lynn Hayes

(Name of Person)

at ( 804 ) 783-7561

(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

**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. LaserNation Franchising Corporation  
(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)
2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/14/2005 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Not applicable  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 45662 Terminal Drive, Suite 110, Dulles, Virginia 20166  
(Principal office address)
- 45662 Terminal Drive, Suite 110, Dulles, Virginia 20166  
(Current mailing address)

8. To offer and sell LaserNation franchises  
(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: William S. Edwards

Office Address: 2081 Northwest 118th Avenue

Plantation, Florida 33323  
(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.*

William S. Edwards  
By:   
(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 directors:

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TALLAHASSEE, FLORIDA

**A. DIRECTORS**

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Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

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Vice Chairman: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Address: \_\_\_\_\_

Director: William S. Edwards

Address: 45662 Terminal Drive, Suite 110

Dulles, Virginia 20166

Director: Gary Reese

Address: 45662 Terminal Drive, Suite 110

Dulles, Virginia 20166

**B. OFFICERS**

President: Gary Reese (and Chief Operating Officer)

Address: 45662 Terminal Drive, Suite 110

Dulles, Virginia 20166

CEO : William S. Edwards

Address: 45662 Terminal Drive, Suite 110

Dulles, Virginia 20166


Secretary: Gary Reese

Address: 45662 Terminal Drive, Suite 110, Dulles, Virginia 20166

Treasurer: William S. Edwards

Address: 45662 Terminal Drive, Suite 110, Dulles, Virginia 20166

**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. William S. Edwards CEO

(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 "LASERNATION FRANCHISING 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 TWENTIETH DAY OF JULY, A.D. 2007.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5861176

DATE: 07-20-07