F0700003982

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
· (Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



600106672976

08/08/07--01026--005 **70.00

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

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 _{at (} 804 ₎ 783-7561					
(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 \$\$78.75 Filing Fee \$\$Certificate of Status \$78.75 Filing Fee \$\$Certificate of Status \$\$Certified Copy\$\$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 "INCORPORATE "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED,	O," "COMPANY," "CORPORATION,"		
	(If name unavailable in Florida, enter alternate corporate nan	me	ne adopted for the purpose of transacting business in Florida)		
2.	(State or country under the law of which it is incorporated)	3.	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 busines		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
<i>'</i> :	(Principal office address)				
	45662 Terminal Drive, Suite 110, Dulles, Virginia 20166		CRECAH		
(Current mailing address)					
8.	To offer and sell LaserNation franchises		SEE. FI		
	(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				
0	ffice Address: 2081 Northwest 118th Avenue				
	Plantation		, Florida 33323		
	(City)		(Zip code)		
0:	Plantation		, Florida		

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.

By: William S. Edwards

(Registered agent's signature)

(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:

A. DIRECTORS Address: SECRETARY OF STATE Vice Chairman: Address: __ William S. Edwards Director: 45662 Terminal Drive, Suite 110 Address: Dulles, Virginia 20166 Director: Gary Reese 45662 Terminal Drive, Suite 110 Address: Dulles, Virginia 20166 **B. OFFICERS** Gary Reese (and Chief Operating Officer) President: 45662 Terminal Drive, Suite 110 Address: Dulles, Virginia 20166 , William S. Edwards CEO Address: 45662 Terminal Drive, Suite 110 Dulles, Virginia 20166 Secretary: Gary Reese 45662 Terminal Drive, Suite 110, Dulles, Virginia 20166 William S. Edwards Treasurer: 45662 Terminal Drive, Suite 110, Dulles, Virginia 20166 Address: NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors.

14. William 5. Edwards CEO
(Typed or printed name and capacity of person signing application)

(Signature of Director or Officer listed in number 12 of the application)

Delaware

PAGE 1

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.

2001 AUG -8 P 1: 34
SECRETARY OF STATE



Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 5861176

DATE: 07-20-07

4000332 8300 070836009