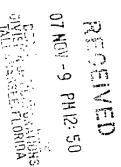
# F0700005564

(Requestor's Name)
(Address)
(Address)
(/ WW/035)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(230,1000 2,130)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

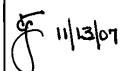


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07 NOV -9 PH 12: 03

SECRETARY OF STATE DIVISION OF CHAPORATION







07 NOV -9 P1112: 03

ACCOUNT NO. : 072100000032
REFERENCE : 304725 7396599
AUTHORIZATION: Reliebele no.
COST LIMIT : \$ 78.75
ORDER DATE: November 5, 2007
ORDER TIME : 11:06 AM
ORDER NO. : 304725-005
CUSTOMER NO: 7396599
FOREIGN FILINGS
NAME: DEALERTALKLIVE, INC.
· · · · · · · · · · · · · · · · · · ·
XXXX QUALIFICATION (TYPE: <u>CO</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 2956
EXAMINER:

### 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.

DEALERTALK	KLIVE, INC. corporation; must include "INCORPORATE!	" "COMBANIV" "CODDOD ATTON!"		
	corporation; must include INCORPORATED corp., "Inc.," "Co.," or "Corp.")	o, company, corporation,		
**				
			<u>,                                      </u>	
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting busin	ess in Florida)	
DELAWARE	3	77-0616650		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
FEBRUARY 26	, 2004	PERPETUAL		
(Date	e of incorporation)	(Duration: Year corp. will cease to exist o	r "perpetual")	
j				
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
7. 1518 SHADOW	MOSS CIRCLE, LAKE MARY, FL 32746			
	(Principal office ad	dress)		
P. O. BOX 9515	06, LAKE MARY, FL 32795			
H at the section	(Current mailing ac	dress) (1) to the first of the control of the contr	A P Property Services	
7.	FION & INFORMATION SYSTEMS A	•	07 07	
(Purpose(	s) of corporation authorized in home state or	country to be carried out in state of Florida)	NO OFF	
Name and street	et address of Florida registered agent: (P	O. Box NOT acceptable)	- <b>9</b>	
Name:	Corporation Service Company		ORPH CORPH	
Office Address:	1201 Hays Street		<b>22</b> 53 64	
	Tallahassee	, Florida 32301	TATE ATIONS : 03	
	(City)	(Zip code)	3,	
0. Registered a	gent's acceptance:	4 × · · · · 4 · <b>y</b>		
laving been nam esignated in this urther agree to c	ed as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes	vice of process for the above stated corpo tment as registered agent and agree to ac relative to the proper and complete perfo	t in this capacity.	
nd I am familiai	with and accept the obligations of my p	osition as registered agent.	•	
C	orporation Service Company	Sue G. Knight		
	~ 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	as its agent		

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. DIKI	ECTORS		
Chairman	:		
Address:	·		<del></del>
Vice Chai	irman:	•	
		•	
2 1 <b>0010</b> 15.	•		
Director:	STEVEN DON JONES		
Address:	1518 SHADOWMOSS CIRCLE		
Address.	LAKE MARY, FL 32746		
Disastas		ο.	VIC.
		- 7 NO	<u>865</u>
Address:		<u> </u>	<u> </u>
	•	<u> </u>	<u>55,7</u> 6
B. OFF	ICERS	PH 12:	라마 마마 모
President		<u></u>	<u> </u>
Address:	1518 SHADOWMOSS CIRCLE	<u>ω</u>	
	LAKE MARY, FL 32746		
Vice Pres	STEVEN DON JONES		
Address:	1518 CHADOWAOCC CIDCLE		
	LAKE MARY, FL 32746		-
Secretary			
Address:			
Treasurer			
Address:	•		,
ridaress.	,		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or	directors.	
13.	Shoone		
	(Signature of Director or Officer listed in number 12 of the application)		
14. STE	VEN D. JONES - VICE PRESIDENT		
	(Typed or printed name and capacity of person signing application)		

PAGE

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEALERTALKLIVE, 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 NINTH DAY OF NOVEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEALERTALKLIVE, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2004.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



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AUTHENTICATION: 6148016

DATE: 11-09-07