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Division of Corporations

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FOREIGN PROFIT/NONPROFIT CORPORATION

Optimal Solutions Integration, Inc.

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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. Optimal Solutions Integration, Inc.

(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. TX

(State or country under the law of which it is incorporated)

3. 75-2587445

(FEI number, if applicable)

4. 3/16/1995

(Date of incorporation)

5. Perpetual

(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, P.S., to determine penalty liability).

7. 8445 Freeport Parkway, Ste 240 Irving, TX 75063

(Principal office address)

8445 Freeport Parkway, Ste 240 Irving, TX 75063

(Current mailing address)

8. Software Development

(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: **Registered Agents Legal Services, LLC**

Office Address: **155 Office Plaza Drive, Suite A**

Tallahassee

(City)

Florida 32301

(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.

(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.

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

A. DIRECTORS

Chairman: see attached list

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached list

Address: _____

Vice President: _____

Address: _____

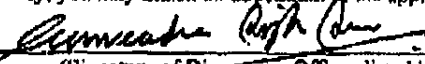
Secretary: _____

Address: _____

Treasurer: _____

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)

14. Gurvendra S Suri, President
(Typed or printed name and capacity of person signing application)

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Optimal Solutions Integration, Inc.
8445 Freeport Parkway, Ste 240
Irving, TX 75063

List of Officers

Name		Address
Gurvendra S Suri	CEO, Treasurer	1803 Larkspur Ct Southlake, TX 76092
Manjeet Suri	Secretary	1803 Larkspur Ct Southlake, TX 76092

List of Directors

Gurvendra S Suri	Director	1803 Larkspur Ct Southlake, TX 76092
Manjeet Suri	Director	1803 Larkspur Ct Southlake, TX 76092

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Phil Wilson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for OPTIMAL SOLUTIONS INTEGRATION INC. (file number 134856000), a Domestic For-Profit Corporation, was filed in this office on March 16, 1995.

It is further certified that the entity status in Texas is in existence.

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In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 20, 2008.



A handwritten signature of Phil Wilson in cursive script.

Phil Wilson
Secretary of State

Phone: (512) 463-5555
Prepared by: SOS-WEB

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