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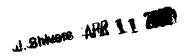
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SECRETARY OF STATE



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: SYSTEMS CONSULTANTS, INC.
(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:
Richard DEAnner
(Name of Person)
Richard DEARMON (Name of Person) SYSTEMS CONSULTANTS, INC.
(Filli/Company)
P.O. BOX 88853 (Address) ATLANTA, 6A 30356
(Address)
ATLANTA, 6A 30356
(City/State and Zip code)
For further information concerning this matter, please call: APR APR ASSET ASSET APR ASSET ASSE
Rickard DEAnnav at (200) 837-269/ ENCORED (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number) 99 99
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton 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 Certificate of Status □ \$78.75 Filing Fee 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. SYSTEMS CONSULTANTS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
SYSTEMS Con Sultants Flag Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>GEORGIA</u> (State or country under the law of which it is incorporated) 3. <u>K600239</u> (FEI number, if applicable)
(State or country under the law of which it is incorporated) 4. 12-19-1995 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. NO business transacted in Florida, to-date.
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4/24 Longwood Cin, Gulf Brize, FL 3256. (Principal office address)
(Current mailing address)
8. Business SERVICES IN IT CONSULTING
(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: Kicharl DEAnnan SSE
Office Address: 4/24 Longwood cin Gulf Brāzz (City), Florida 32563 (City) (Zip code)
(City) (Zip code)
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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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: _____ Address: _____ Director: _ Address: Director: _____ Address: ___ **B. OFFICERS** Address: 4/24 Long wood Cin SWLF PRÉZE, FL 32563 Vice President: Address: ___ Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

Control No. K600239

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

SYSTEMS CONSULTANTS, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 12/19/1995 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 2nd day of April, 2008

Karen C Handel Secretary of State

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Certification Number: 2675212-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp