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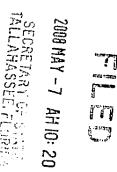
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: SMART Sour	CE TECHNOLOGIES, INC.
	of corporation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Cor "Certificate of Existence," and check are su transact business in Florida.	poration for Authorization to Transact Business in Florida."  ubmitted to register the above referenced foreign corporation to
Please return all correspondence concernin	g this matter to the following:
RITU KELLY	
	(Name of Person)
SMART SOURCE TEX	HNOLOGIES, INC
SMART SOURCE TEC	(Firm/Company)
622 GEORGES RD	
	(Address)
NORTH BRUNSWICK,	N.J. 08902
	(City/State and Zip code)
For further information concerning this ma	tter, please call:
RITU KELLY a	1 (732 ) 729 - 7700 X 12 PA
(Name of Person)	(Area Code & Daytime Telephone Number)  (Area Code & Daytime Telephone Number)
,	ASS
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 amou	nt:
\$70.00 Filing Fee \$78.75 Filing F  Certificate of	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

If name unavailable in Florida, ente	r alternate corporate name	adopted for the purpose of transacting business in Florida)
NEW - JERSEY	<b>3</b> .	22 - 3682846 (FEI number, if applicable)
State or country under the law of wh	ich it is incorporated)	(FEI number, if applicable)
9/23/1999	5.	PER PETUAL (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
		n Florida, if prior to registration) 602, F.S., to determine penalty liability)
622 GEORGES R	D. NORTH BE	LUNGUICK, NJ OB902
	(Principal office addr	COPPORT (ASS)
622 GEORGES RU	NOOTH BRU	MUSICICK, N.T. 08902 500 1
622 GEORGES RU	(Current mailing addi	1936/14c, N.T. 08902 3/1 1/2001
		AAE I AHA
WILL HAVE FLO	ORIDA EMPLO	AHAS AAS
(Purpose(s) of corporation aut	ORIDA EMPLO norized in home state or co	DY EES STATE OF Florida)
(Purpose(s) of corporation aud Name and street address of Floric	OCIDA EMPLO norized in home state or co a registered agent: (P.O	untry to be carried out in state of Florida)  Box NOT acceptable)
(Purpose(s) of corporation aud Name and street address of Floric	OCIDA EMPLO norized in home state or co a registered agent: (P.O	untry to be carried out in state of Florida)  Box NOT acceptable)
(Purpose(s) of corporation aud Name and street address of Floric	OCIDA EMPLO norized in home state or co a registered agent: (P.O	untry to be carried out in state of Florida)  Box NOT acceptable)
(Purpose(s) of corporation aud Name and street address of Floric	OCIDA EMPLO norized in home state or co a registered agent: (P.O	untry to be carried out in state of Florida)  Box NOT acceptable)

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.

Mary to Spalinger, Asst. Sec. for: Business filings (Registerell agent's signature) Incorporated

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: RITU KELLY Address: 262 BERKLEY AUE BELLE MEAD, N.J. 08502 Vice Chairman: BRAD KELLY Address: 262 BERKLEY AVE BELLE MEAD N.J. 08502 Director: Address: Director: Address: \_\_\_\_\_ **B. OFFICERS** President: BRAD KELLY Address: 262 BERKLEY AUE ~50280 IN BELLE MEAD Vice President: RITY KELLY Address: 262 BERKLEY AVE N.J. 08502 BELLE MEAD Secretary: \_\_\_\_ Address: \_\_ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

14. RITU KELLY - VICE PRESIDENT

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

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

## STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

#### SMART SOURCE TECHNOLOGIES, INC.

0100794258

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on September 28, 1999.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Ritu Kelly 622 Georges Rd North Brunswick, NJ 08902

CREATE CREATER OF THE CREATER OF THE

Certification# 111457557

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Offical Seal at Trenton, this 11th day of January, 2008

Michella

Michellene Davis
Acting State Treasurer

Verify this certificate at https://wwwl.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp