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SECRETARY OF STATE TALLAHASSEE, FLORIDA

THE JUN-2 PM 4:

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: INET Inc.		
(Name of corpo	ration - must include suffix)
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.		
Please return all correspondence concerning this ma	atter to the following:	
Eleanor F. Wright		
(Nam	e of Person)	
INET Inc.		
(Firm	/Company)	
2282 W. Clovelly Lane		
(/	Address)	
St. Augustine Fl. 32092		
(City/St	ate and Zip code)	
For further information concerning this matter, plea	se call:	
Eleanor F. Wright	0 317-4777	
(Name of Person) (A	O 317-4777 rea Code & Daytime Teleph	none 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 & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & 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.

WBCAS			
	ilable in Florida, enter alternate corporate name		ness in Florida)
·		58-2485161	
•	under the law of which it is incorporated)	(FEI number, if applicable))
07/09/199			
•	e of incorporation)	(Duration: Year corp. will cease to exist of	or "perpetual")
, June 5, 2		•	
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
2282 W. 0	Clovelly Lane St. Augustine F	• • •	
•	(Principal office add		
2282 W. (Clovelly Lane St. Augustine F	i. 32092	
	(Current mailing add		
Any and	All Lawful Business		SECR TALLY
, Any and A	s) of corporation authorized in home state or o	ountry to be carried out in state of Florida)	HA -
·	3) or corporation authorized in nome state of or		000 N
(Purpose)	eet address of Florida registered agent: (P.C	O. Box NOT acceptable)	m -
(Purpose)	•	O. Box <u>NOT</u> acceptable)	PH 4:
(Purpose) Name and stre	eet address of Florida registered agent: (P.C	O. Box NOT acceptable)	PH 4: 33
(Purpose) Name and stre Name:	ret address of Florida registered agent: (P.C.) Terence R. Wright	O. Box NOT acceptable)	PH 4: 33

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.

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

A. DIRECTORS
Chairman: Eleanor F. Wright
Address: 2282 W. Clovelly Lane
St. Augustine Fl. 32092
Vice Chairman: Terence R. Wright
Address: 2282 W. Clovelly Lane
St. Augustine Fl. 32092
Director:
Address:
Director:
Address:
B. OFFICERS
President: Eleanor F. Wright
Address: 2282 W. Clovelly Lane
St. Augustine Fl. 32092
Vice President: Terence R. Wright
Address: 2282 W. Clovelly Lane
St. Augustine Fl. 32092
Secretary: Eleanor F. Wright
Address: 2282 W. Clovelly Lane St. Augustine Fl. 32092
Treasurer: Eleanor F. Wright
Address: 2282 W. Clovelly Lane St. Augustine Fl. 32092
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer lighted in number 12 of the application)
(Signature of Director of Officer rased in number 12 of the application)
(Typed or printed name and conscity of person cigning application)

Control No. K928792

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE

OF The second 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

INET, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 07/09/1999 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 29th day of May, 2008

Karen C Handel Secretary of State

Haren C. Handel