# 80000484

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

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LAHASSEE, FLO.
D. A. WHITE
D. A.

#### **COVER LETTER**

TO:	New Filing S Division of C	Corporations						
SUBJ	ECT:	VFM	INTE	RACTIVE	Zu.			
осы					include suffix	()		
Dear S	ir or Madam:							
"Certif	• •		-				ness in Florida," reign corporation to	
Please	return all corre	espondence conce	erning this m	natter to the fo	ollowing:			
		Philip .	JONES	, Cr	liée fin	ANCIAL	Officer	
	•	•	(Nar	ne of Person)	,			
		VFM	ING	RACTURE	INC.			
			(ГШ	m/Company)				
		III Pe	to S	Treet.	S	sita	530	
			(	Address)				
		00040'	Oran	io me	5V 2HI		530 CAN769.	
	•		(City/S	tate and Zip o	ode)			
For fu	ther information	on concerning thi	s matter, ple	ase call:				
Put	in Trues		at (L4)	b 1 21	03-561	47		
<u> </u>	(Name of Pe	rson)	_ u. <u></u> (A	rea Code & I	Daytime Telep	hone Nu	mber)	
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			
Enclos	ed is a check fo	or the following a	ımount:					
<b>\$</b> 70.	00 Filing Fee	\$78.75 Fil Certifica	ing Fee & te of Status		Filing Fee & ed Copy	_ (	7.50 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.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	1. 2.5
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. Ward CANADA 3. 98-0366120 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. January 28th 200 5. Perfetual (Duration: Year corp. will cease to exist or protuct)	gen.
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 11 Perer Somer, Site 530, Conours Overish 57 217 CAMA (Principal office address)	(b) ·
(Current mailing address)	
8. SAlos of Rich redus Covert.  (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: <u>CT Corporation System</u>	
Office Address: 1200 South Pina Esland Mad	
Plantation, Florida 33324 (City) (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.	
Kristen Betzge	

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: Address: \_\_\_\_ Address: Address: \_ **B. OFFICERS** - CEO Address: \_\_\_\_\_ MGR ILD Vice President: \_\_\_\_\_ Address: \_\_\_\_\_ ONANO 19T6C4 Secretary: \_ Address: \_\_ Treasurer: 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)

N:\Caroline\US Payroll\US HSP Payroll Forms\VFM Board of Directors.doc VFM Interactive Inc.,
111 Peter Street, Suite 530, Toronto, Ontario M5V 2H1

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#### **Board of Directors**

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1) Paolo Boni 86 Wright Avenue, Toronto, Ontario M6R 1I 2

M6R 1L2

2) John Duncan Pennal

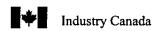
2) John Duncan Pennal 177 Rosedale Heights Drive Toronto, Ontario M4T 1C7

3) Anthony Lee Broglio, Jr. 415 9th Street Wilmette, IL 60091 USA

4) Eric Michael Hart 947 N Wolcott Ave. Chicago, Il 60622 USA

5) Tawfiq Ahmad Arafat Suite 210 7 Concorde Place Toronto, ON M3C 3N4 SECRETARY OF STATE

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SECRETARY OF STATE

CERTIFICATE OF EXISTENCE s. 263.1(c)

CERTIFICAT D'EXISTENCE s. 263.1(c)

VFM Interactive Inc.

371646-5

Name of corporation-Dénomination sociale

Corporation number-Numéro de la société

I HEREBY CERTIFY that the corporation named above was in existence under the *Canada Business Corporations Act* as of 2008-09-24.

JE CERTIFIE, par les présentes, que la société ci-dessus mentionnée existait en vertu de la *Loi canadienne sur les sociétés par actions* au 2008-09-24.

Aïssa Aomari

Deputy Director - Directeur adjoint

September 24, 2008 / le 24 septembre 2008

Issuance date - Date d'émission