F080000005032

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

Office Use Only



400138102434

11/24/08--01049--014 **87.50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: I S WORKS, INC.	
	of corporation - must include suffix)
Dear Sir or Madam:	
	rporation for Authorization to Transact Business in Florida," submitted to register the above referenced foreign corporation to
Please return all correspondence concerning	ng this matter to the following:
MARTHA KIM	
	(Name of Person)
NEXSTEP INNOVATIONS L	LC
	(Firm/Company)
5550 PAINTED MIRAGE RE	STE 320
	(Address)
LAS VEGAS NV 89149	
	(City/State and Zip code)
For further information concerning this ma	atter, please call:
MARTHA KIM	at (_702) 355-6537
(Name of Person)	(Area Code & Daytime Telephone 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 amo	unt:
\$70.00 Filing Fee \$78.75 Filing Certificate of	

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.

ncorporation) 1, 2008 (Date first transacted business	(FEI number, if application: PERPETUAL) (Duration: Year corp. will cease to extend the information of the i	rist or "perpetual")
3. cr the law of which it is incorporated) 5. ncorporation) 1, 2008 (Date first transacted business (SEE SECTIONS 607.1501 & 607.17 (TH RD. WINTER PARK) (Principal office add)	(FEI number, if application: PERPETUAL) (Duration: Year corp. will cease to extend the information of the i	rist or "perpetual")
3. cr the law of which it is incorporated) 5. ncorporation) 1, 2008 (Date first transacted business (SEE SECTIONS 607.1501 & 607.17 (TH RD. WINTER PARK) (Principal office add)	(FEI number, if application: PERPETUAL) (Duration: Year corp. will cease to extend the information of the i	rist or "perpetual")
5, ncorporation) 1, 2008 (Date first transacted business (SEE SECTIONS 607.1501 & 607.17) (TH RD. WINTER PARK) (Principal office add)	PERPETUAL (Duration: Year corp. will cease to exim Florida, if prior to registration) 1502, F.S., to determine penalty liability) FL 32792 dress)	rist of "perpetual")
5, ncorporation) 1, 2008 (Date first transacted business (SEE SECTIONS 607.1501 & 607.17) (TH RD. WINTER PARK) (Principal office add)	PERPETUAL (Duration: Year corp. will cease to exim Florida, if prior to registration) 1502, F.S., to determine penalty liability) FL 32792 dress)	rist of "perpetual")
(Date first transacted business) (SEE SECTIONS 607.1501 & 607.17 (TH RD. WINTER PARK) (Principal office add)	(Duration: Year corp. will cease to exin Florida, if prior to registration) 1502, F.S., to determine penalty liability) FL 32792 dress)	
(Date first transacted business (SEE SECTIONS 607.1501 & 607.17 (Principal office add	in Florida, if prior to registration) 1502, F.S., to determine penalty liability) FL 32792 dress)	
(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 TH RD. WINTER PARK (Principal office add	ISO2, F.S., to determine penalty liability) FL 32792 dress)	
(SEE SECTIONS 607.1501 & 607.1 TH RD. WINTER PARK (Principal office add	ISO2, F.S., to determine penalty liability) FL 32792 dress)	
(Principal office add	dress)	
· •	,	
ED MIRAGE RD. STE 320	N LAS VEGAS NV 89149	
	0 EVIO AEOVIO 144 00 140	
(Current mailing ad	dress)	
TE		
	country to be carried out in state of Florid	la)
·	·	
		200 TAL
ACIFIC REGISTERED AG	BENTS, INC.	CRE NO
647 110TH AVE. NORTH	<u> </u>	2008 NOV 24 SECRETARY TALLAHASSE
OYAL PALM BEACH	, Florida 33411	ù© 🕶
(City)	(Zip code)	AM II: 2 F STAT FLORI
's acceptance:		
is registered agent and to accept serv	pice of process for the above stated co	orporation at the plac
ly with the provisions of all statutes	relative to the proper and complete p	performance of my di
n ana accept the obligations of my p	osmon as registerea agent.	
(Registered agent's signature	1	
	(Current mailing ad TE Corporation authorized in home state or or decrease of Florida registered agent: (P. PACIFIC REGISTERED AC 1647 110TH AVE. NORTH ROYAL PALM BEACH (City) It's acceptance: as registered agent and to accept serve polication, I hereby accept the appoint only with the provisions of all statutes the and accept the obligations of my page (Registered agent's signature)	(Current mailing address) TE Corporation authorized in home state or country to be carried out in state of Florical Idress of Florida registered agent: (P.O. Box NOT acceptable) PACIFIC REGISTERED AGENTS, INC. 6647 110TH AVE. NORTH ROYAL PALM BEACH (City) (City) (City) (City) (City) (City) (City)

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.

CONSENT TO SERVE AS FLORIDA REGISTERED AGENT

I, Charles F. Mathias, President of Pacific Registered Agents, Inc., consent to serve as Registered Agent in the State of Florida for **I S Works, Inc.** I understand it will be our responsibility to accept service of process on behalf of the corporation, to forward mail addressed to the corporation in care of Pacific Registered Agents, Inc., and to immediately notify the Office of the Secretary of State if we resign or change the registered office or business address. Our registered office and business address is:

Pacific Registered Agents, Inc. 5647 110th Ave. North Royal Palm Beach, FL 33411

Signature of Agent Printed Name

10/27/2008 Date

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: ______ Vice Chairman: Address: ____ Address: ______ Director: JUDITH ADAMS Address: 5550 PAINTED MIRAGE RD STE 320 LAS VEGAS NV 89149 **B. OFFICERS** President: PIERRE LAFLEUR Address: 5550 PAINTED MIRAGE RD STE 320 LAS VEGAS NV 89149 Vice President: Address: __ Secretary: JUDITH ADAMS Address: 5550 PAINTED MIRAGE RD STE 320 LAS VEGAS NV 89149 Treasurer: DAVID HAGER Address: 5550 PAINTED MIRAGE RD STE 320 LAS VEGAS NV 89149 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)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, I S WORKS, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 12, 2006, and is in good standing in this state.

DO OF

· du Ma

office on October 27, 2008.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20081027-2197
You may verify this electronic certificate
online at http://www.nvsos.gov/