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FLORIDA FLORIDA

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.

(If name unavai		ne adopted for the purpose of transacting business in 112946549	Florida)
	under the law of which it is incorporated)	(FEI number, if applicable)	
-	er 12, 1988	Perpetual	∌s
	e of incorporation)	(Duration: Year corp. will cease to exist or "per	cetual W
March 1,	2008	, , , , , , , , , , , , , , , , , , , ,	五五
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	- 88 5 田 c
Guarante		, Holbrook, New York 11741	<u>ச</u> ும்
	(Principal office	·	BEA.
Guarante	ed Returns, 100 Colin Drive	Holbrook New Vork 11741	□ mi
To provide	(Current mailing pharmaceutical reverse distrib	ition services and any and all other la	wful purpos
To provide (Purpose) Name and <u>stre</u>	(Current mailing pharmaceutical reverse distrib	idress) Ition services and any and all other la country to be carried out in state of Florida) O. Box NOT acceptable)	wful purpos
To provide (Purpose((Current mailing pharmaceutical reverse distribes) of corporation authorized in home state of address of Florida registered agent: (idress) Itlon services and any and all other la country to be carried out in state of Florida) O. Box NOT acceptable) S. Inc.	wful purpos
To provide (Purpose(Name and <u>stre</u> Name:	(Current mailing pharmaceutical reverse distribes) of corporation authorized in home state of address of Florida registered agent: (United Corporate Service	ition services and any and all other la country to be carried out in state of Florida) O. Box NOT acceptable) S, Inc. d., Suite 508	wful purpos
To provide (Purpose(Name and streeth	Current mailing pharmaceutical reverse distrib s) of corporation authorized in home state of address of Florida registered agent: (United Corporate Service 9200 South Dadeland Bly	idress) Itlon services and any and all other la country to be carried out in state of Florida) O. Box NOT acceptable) S. Inc.	wful purpos

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.

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K	i i

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Dean Volkes	
Address: Guaranteed Returns, 100 Colin Drive, Holbrook, New York 11741	
Vice Chaleman:	
Address:	
	<u>≥</u> £
Director;	>:볶
Address:	_ <u>\$</u>
Director:	.,,ς,
Address:	023
Address: Add	
Vice Prasident:	
Address:	
ccretary: Susan Volkes	
Guaranteed Returns, 100 Colin Drive, Holbrook, New York 11741	
Treasurer:	
oddress:	
OTE: 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)	
, Dean Volkes, President and Chief Executive Officer	
(Typed or printed name and capacity of person signing application)	

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of DEVCS, LTD. was filed on 09/12/1988, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of November two thousand and eight.

Daniel Shapiro

Special Deputy Secretary of State

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SECRETATE OF STATE