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SECRETARY OF STATE

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Whitmursh Associates, Inc (Name of corporation - must include suffix)
(1 vaine of corporation - must merade surns)-
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following: (Name of Person)
(Name of Person)
Whitmarsh Associates, Inc.
(Firm/Company)
PO 130x 470
(Address)
St Peters burg FL 337.31 (City/State and Zip code)
3 %
For further information concerning this matter, please call:
For further information concerning this matter, please call:
(Name of Person) at (Dob) Dray Street (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy 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.	
Whitmarkh Associates Inc.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
Whit MUBH, M.C.	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. (State or country under the law of which it is incorporated) 3. 20-2/485// (FEI number, if applicable)	
4. 1-20-2005 (Date of incorporation) 5. Perpetuce (Duration: Year corp. will cease to exist or "perpetual")	
6. 2-9-2009	
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 535 64h Ave (V. 54 Peters burs FL 33 10 (Principal office address)	
Pa Da 1170 6 1-Da la 12 6 12 777 1	
PO Box 470, 5+ Peters but, FL 33731 (Current mailing address)	
8. Provide professional sofware design services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	<i>,</i>
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: CJ Dulchery TIT Office Address: 535 6th Ave N	way.
Office Address: 535 6th Ave N	
St. Paters burg, Florida 3370/ (City) (Zip code)	7
Eng code)	تخصه
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 duti and I am familiar with and accept the obligations of my position as registered agent.	es,
Cof Bulaliery III	
(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: Address: Vice Chairman: __ Address: __ Director: _ Address: Director: Address: **B. OFFICERS** Address: Vice President: Secretary: __ Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Director or Officer listed in number 12 of the application) 14.

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

Control No. 0507213

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE 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

WHITMARSH ASSOCIATES, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 01/20/2005 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 2nd day of February, 2009

Karen C Handel Secretary of State

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Certification Number: 3375845-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp