

# F09000001463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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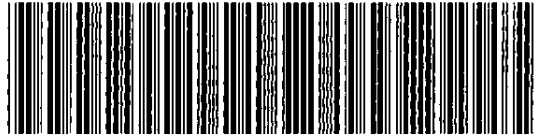
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2009 APR -9 P 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 10 2009  
D.A. WHITE

COVER LETTER

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TO: New Filing Section  
Division of Corporations

2007 APR -9 P 1:08

SUBJECT: AVIcode Inc.  
(Name of corporation - must include suffix)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

MR. MICHAEL P. CURRERI

(Name of Person)

AVIcode, Inc.

(Firm/Company)

411 Walnut Street #4941

(Address)

Green Cove Springs/ FL 32043-3433

(City/State and Zip code)

For further information concerning this matter, please call:

MICHAEL P. CURRERI

(Name of Person)

at (443) 831-4138

(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 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.

1. AVIcode, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

AVIcode  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 84-1634182  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 14, 2004 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NOT YET  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 890 AIRPORT PARK RD, SUITE 100, GLENBURNIE, MD 21061  
(Principal office address)

SAME  
(Current mailing address)

8. Develop, Sell Software  
(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)

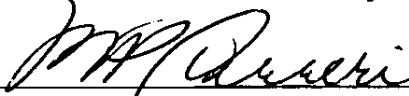
Name: MICHAEL R. CURRERI

Office Address: 411 Walnut Street #4941

Green Cove Springs, Florida 32043-3443  
(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.*

  
(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.

**FILED**  
2004 APR -9 P 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Michael P. Curreri **FILED**  
Address: 411 Walnut St. #4941  
Green Cove Springs, FL 32043 7007 APR -9 P 1:08  
Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Dr. Tom Love  
Address: 890 Airport Park Rd, Suite 100, Glen Burnie, MD 21061

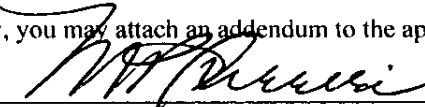
Director: Dr. James C. Lamar  
Address: 890 Airport Park Rd, Suite 100, Glen Burnie, MD 21061

**B. OFFICERS**

CEO/President: Michael P. Curreri  
Address: 411 Walnut St. #4941  
Green Cove Springs, FL 32043  
Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Renee Curreri  
Address: 411 Walnut St. #4941 Green Cove Springs, FL 32043  
Treasurer: Stephen Pelletier  
Address: 890 Airport Park Rd Suite 100 Glen Burnie, MD 21061

**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. Michael P. Curreri, CEO  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVICODE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2009.


FILED  
2009 APR - 9 P 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7226561

DATE: 04-03-09