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TALLAHASSEE, FLORIDA

B. McKnight APR 24 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: IVI PCA SERVICES, INC.
(Name of corporation - must include suffix)

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:

ROBERT MAZZARELLA
(Name of Person)

IVI PCA SERVICES, INC.
(Firm/Company)

106 CORPORATE PARK DRIVE, SUITE 417
(Address)

WHITE PLAINS, NY 10604
(City/State and Zip code)

For further information concerning this matter, please call:

ROBERT MAZZARELLA at (914) 694-9600 EXT. 1910
(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 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. IVI PCA SERVICES, INC.

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

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

2. NEW YORK

(State or country under the law of which it is incorporated)

3. 20-1660382

(FBI number, if applicable)

4. DECEMBER 19, 2007

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 106 CORPORATE PARK DRIVE, SUITE 417, WHITE PLAINS, NY 10604

(Principal office address)

106 CORPORATE PARK DRIVE, SUITE 417, WHITE PLAINS, NY 10604

(Current mailing address)

8. PROFESSIONAL CONSULTING SERVICES

(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: INCorp SERVICES, INC.

Office Address: 17888 67th Court North

Loxahatchee

(City)

, Florida 33470


(Zip code)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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.

 on behalf of InCorp Services, Inc.
(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: CARL DE STEFANIS

Address: 106 CORPORATE PARK DRIVE, SUITE 417
WHITE PLAINS, NY 10604

Vice Chairman: _____

Address: _____

Director: T. MARIO DE STEFANIS

Address: 106 CORPORATE PARK DRIVE, SUITE 417
WHITE PLAINS, NY 10604

Director: _____

Address: _____

B. OFFICERS

President: CARL DE STEFANIS

Address: 106 CORPORATE PARK DRIVE, SUITE 417
WHITE PLAINS, NY 10604

Vice President: T. MARIO DE STEFANIS

Address: 106 CORPORATE PARK DRIVE, SUITE 417
WHITE PLAINS, NY 10604

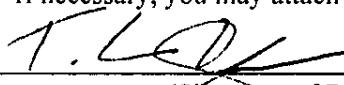
Secretary: CARL DE STEFANIS

Address: 106 CORPORATE PARK DRIVE, SUITE 417, WHITE PLAINS, NY 10604

Treasurer: T. MARIO DE STEFANIS

Address: 106 CORPORATE PARK DRIVE, SUITE 417, WHITE PLAINS, NY 10604

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. T. MARIO DE STEFANIS, VICE PRESIDENT

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

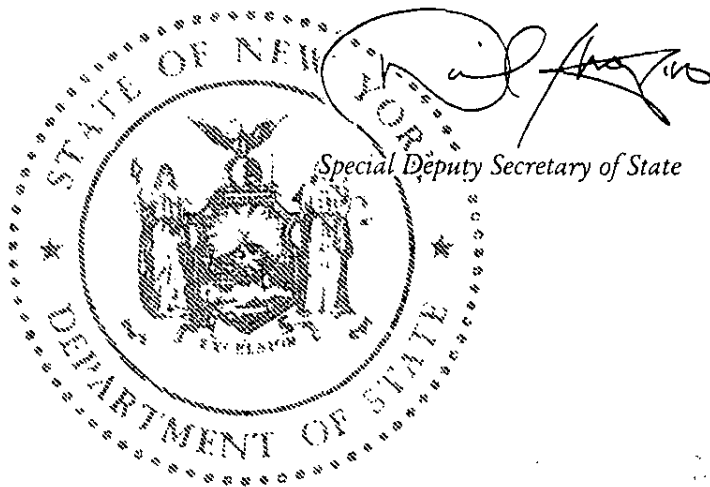
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State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of IVI PCA SERVICES, INC. was filed on 12/19/2007, 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 10th day of April two
thousand and nine.*

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CLANESSEE, FLORIDA
DEPT OF STATE