L0900003627

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name) .						
(2						
(Document Number)						
Certified Copies Certificates of Status:						
Special Instructions to Filing Officer:						





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DEPARTMENT OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2009

* LESILE A. OLAH 791 TENTH STREET S. #302 NAPLES, FL 34102

SUBJECT: QIBOUNDING, INC. Ref. Number: W09000038982

Charges

We have received your document for QIBOUNDING, INC. and your check(s)-totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation on the application number 4 must match the date list on the certificate of existence.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson Regulatory Specialist II

Letter Number: 409A00029057

TO DESCRIPTION OF STATE OF SHORE SERVICE ASSESSMENT OF A SERVICE ASSESSMENT OF

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COVER LETTER

TO:	New Filing Section Division of Corpora	tions				
SUBJ	ECT:	QiB	oundi	ing, Inc.		
		Name of cor			clude suffix	<u> </u>
Dear S	Sir or Madam:					
"Certi						act Business in Florida," enced foreign corporation to
Please	return all corresponde	ence concerning th	is matte	er to the fol	lowing:	
		Le	eslie A	. Olah		
	1 - 1	7	Vame of	f Person		
		Gualario,	Licht 8	& Andrews	s, PA	
		F	irm/Cor	mpany		
		791 Tei	nth Str	reet S. #3	02	•
			Addr	ress		· · · · · · · · · · · · · · · · · · ·
		Nan	les. Fl	L 34102		
				and Zip cod	le	
		sylvia@	Daibou	unding.co	m	
	E	-mail address: (to l				notification)
For fur	ther information cond	erning this matter,	please	call:		
Leslie	e A. Olah	at (_	239	₎ 262-4	1513	
	Name of Person		Area	Code & Da	aytime Telepl	hone Number
	STREET/COURIE New Filing Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle			MAILING A New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27
	ed is a check for the for	ollowing amount: 78.75 Filing Fee &	ı F		iling Fee &	\$87.50 Filing Fee,
		Certificate of Stat		Certified	•	Certificate of Status &

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. QiBounding, Inc.							
(Enter name of corporation; must include "INCO "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	RPORATED,	" "COMPANY," "CORPORATION,"					
(If name unavailable in Florida, enter alternate co	orporate name	adopted for the purpose of transacting b	usiness in Florida)				
2. Wyoming	3.	11 . W 27-08596	,56				
(State or country under the law of which it is inco	rporated)	(FEI number, if applica	ble)				
4. 07/15/2009	5.	perpetual					
(Date of incorporation)		(Duration: Year corp. will cease to ex-	ist or "perpetual")				
6. n/a							
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	09 5E				
7. 2840 Lakeview Dr. Naples, FL 3411	2		LACK SE				
(Princi	pal office addi	ress)	AST -8				
2840 Lakeview Dr. Naples, FL 34112							
(Currer	nt mailing add	ress)	FSI 3:				
8. conduct business			30 ATE ORIDA				
(Purpose(s) of corporation authorized in ho	me state or co	ountry to be carried out in state of Florida	a)				
9. Name and street address of Florida registered	dagent: (P.O	. Box NOT acceptable)					
Name: Sylvia Dreiser Farnswo							
Office Address: 2840 Lakeview Dr.							
Naples, FL		, Florida 34112					
(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.

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
	· · · · · · · · · · · · · · · · · · ·
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Sylvia Dreiser Farnsworth	
Address: 2840 Lakeview Dr.	
Naples, FL 34112	7 S 99
Vice President:	LARE SEP
Address:	ASS
	E OF P
Secretary:	TATI FORM
Address:	
Treasurer:	
Address:	
~ · ~	
NOTE: If necessary, you may attach an addendum to il	ne application listing additional officers and/or directors.
13. (Signature of Director or Officer	listed in number 12 of the application)
Sylvia Dreiser Farnsworth	motion in manifer in or the application)

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

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

QiBounding Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **July 15, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000572288**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 21st day of August, 2009 at 8:33 AM. This certificate is assigned 005876729.



Maj Massillo
Secretary of State



Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.