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| (Re                     | questor's Name)    |             |
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| PICK-UP                 | WAIT               | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
|                         |                    |             |
| (Do                     | cument Number)     |             |
| •                       |                    |             |
| Certified Copies        | _ Certificates     | s of Status |
|                         |                    |             |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

| TO:             | New Filing Sec<br>Division of Co   |  |   |  |
|-----------------|--|--|---|--|
| SUBJ            | ECT: 10 Paste  | ur, Suite 100, Irvine, CA 9                  | 2618  |  |
|                 | <del></del>  | Name of corpor                               | ration - must include suffix  |  |
| Dear S          | ir or Madam:   |  |   |  |
| "Certif         | icate of Existenc  |  | n for Authorization to Transac<br>Standing" and check are sub-<br>usiness in Florida. |  |
| Please          | return all corresp   | oondence concerning this n                   | natter to the following:  |  |
| Lisa Di         | i Giovanna   |  |   |  |
|                 |  | Nam  | ne of Person  |  |
| Vincul          | ums Services Inc   | )  |   |  |
|                 |  | Firm   | /Company  |  |
| 10 Pas          | steur, Suite 100   | <u> </u>                                     |   |  |
|                 |  | A  | Address   |  |
| Irvine,         | California 92618   | 3  |   |  |
|                 |  | City/St                                      | ate and Zip code  |  |
| lisa@v          | inculums.com   |  |   |  |
|                 |  | E-mail address: (to be u                     | ised for future annual report n   | notification)  |
| For fur         | ther information   | concerning this matter, ple                  | ase call:   |  |
| Lisa Di         | Giovanna   | at ( <sup>949</sup>                          | 783-3552  |  |
|                 | Name of Perso  | n A  | rea Code & Daytime Telepho  | one Number   |
|                 |  |  |   |  |
| Enclose         | New Filing Sec<br>Division of Cor<br>Clifton Building<br>2661 Executive<br>Tallahassee, FL | porations<br>3<br>Center Circle              | MAILING Al<br>New Filing Se<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, F.     | ction<br>orporations   |
| <b>☑ \$</b> 70. | .00 Filing Fee   | □ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy  | □ \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

| Vinculums Ser           | vices Inc.   |  |
|-------------------------|--|--|
|                         | orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.") | D," "COMPANY," "CORPORATION,"                                  |
|                         |  |  |
| (If name unavail        | able in Florida, enter alternate corporate nar                       | me adopted for the purpose of transacting business in Florida) |
| California              |  | 3. 87-0747350  |
| (State or country       | under the law of which it is incorporated)                           | (FEI number, if applicable)                                    |
| May 2005                |  | 5. perpetual   |
| (Date                   | of incorporation)  | (Duration: Year corp. will cease to exist or "perpetual")      |
| <u></u>                 |  | •  |
|                         |  | is in Florida, if prior to registration)                       |
| 40.5                    |  | 7.1502, F.S., to determine penalty liability)                  |
| 10 Pasteur, Suit        | te 100, Irvine CA 92618  (Principal office a                         | ddenes   |
|                         | • •  | ddress)  |
| 10 Pasteur, Sui         | ite 100, Irvine, CA 92618  | Adama)   |
|                         | (Current mailing a   |  |
| to employ staff         | in Florida to electronically manipulate d                            | ata on behalf of our wireless telecom                          |
|                         |  | r country to be carried out in state of Florida)               |
| Name and street         | et address of Florida registered agent: (F                           | P.O. Box, NOT acceptable)                                      |
| 14mile and <u>state</u> |  | .o. box 1101 acceptable)                                       |
| Name:                   | David Felter   | <del></del>  |
|                         | 1552 N. Carolwood Boulevard  |  |
| ffice Address:          |  |  |
| ffice Address:          | Fern Park  | , Florida <u>32730</u>   |

(Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

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: Bart van Aardenne Address: 10 Pasteur, Suite 100 Irvine, CA 92618 Vice Chairman: Paul Foster Address: 420 40th Street, Suite 5 Oakland, CA 94609 Director: Lee Anne van Aardenne Address: 26211 La Vaca Lake Forest, CA 92630 Director: \_\_\_ **B. OFFICERS** President: Paul Foster Address: 420 40th Street, Suite 5 Oakland, CA 94609 Vice President: Bart van Aardenne is CEO (not vice president) Address: Irvine, CA 92618 Irvine, CA 92618 Secretary: Lisa Di Giovanna Address: 10 Pasteur, Suite 100, Irvine CA 92618 Treasurer: no treasurer Address: NOTE: 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) 14. Lisa Di Giovanna, Secretary to the Board

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

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

VINCULUMS SERVICES, INC.

FILE NUMBER:

C2738255

FORMATION DATE:

04/28/2005

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 05, 2010.

DEBRA BOWEN Secretary of State