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Special Instructions to Filing Officer:		
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Enterprise intermation Solutions
Name of corporation - must include suffix \(\tag{Tr} \).
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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
9000 Red Brunch Rd
Columbia MD 21045
City/State and Zip code
For further information concerning this matter, please call:
RCC LOARREH at (UU) 88U-7888 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 \$\Bigcup \\$78.75 Filing Fee \& \Bigcup \\$78.75 F

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. Entername 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. Mary And 3. 52-1696006
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. Signature 1. Sig
(Date of incorporation) (Duration: Pear 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. 900 Red Dranch Ro Columbra MD 204
(Principal office address)
(Current mailing address)
8. OB Consulting Sus.
(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: NRAT SURD. Onc.
Office Address: 2031 Executive Park On #4
(City), Florida 33331 (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)

NRAI Services, Inc.

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: Way Show	
Address: 9002 Red Dranch &)	
COOLING DID 21045	
Vice Chairman: Sue Mei Lee	
Ac. 70	
Address:	
Director:	
Address:	
	AL SE
Director:	THE T
Address:	
B. OFFICERS	يب ج
President: WWW Show	음류 %
Address: Same	
Vice President: Pick Cowett	
Address: Sure	
Secretary: Due Mei Lei	
Address: Same	•
Treasurer:	,
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional	al officers and/or directors.
13.	
(Signature of Director or Officer listed in number 12 of the app	lication)
14. RICKCOARREH OP	

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

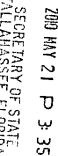
STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ENTERPRISE INFORMATION SOLUTIONS, INC. , INCORPORATED JUNE 07, 1990, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS. AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 19, 2010.

Paul B. Anderson Charter Division





301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097