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MRD/4

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: UBUNTU PROCESS, INC. Name of Corporation – must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida.	da"
"Certificate of Existence", or "Cerificate of Good Standing" and check are submitted to register the above reference not for profit corporation to conduct its affairs in Florida.	
Please return all correspondence concerning this matter to the following:	
Jack D Davis Name of Person	
Name of Person	
Ubuntu Process, Inc.	
11125 8th St E. Address	
Treasure Island, FL 33706 City/State and Zip Code	
idde indabat.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tack Davis at 727 735-3200 Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\ \tag{\$78.75}\$ Filing Fee & \tag{\$78.75}\$ Filing Fee & \tag{\$87.50}\$ Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA: (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) State or country under the law of which it is incorporated)

27-30/68/9

(FEI number, if applicable) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.) 5050 First Avenue N. ST. PETERSBURG, FL 33710 (Principal office address) 11125 8th ST. E. Treasure Island FL 33706-1105 (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jack D Davis

Office Address: SOSO First Are N.

ST. PETERS BURG, Florida 337/0
(City) Florida (Zip 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.

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.

(Registered agent's signature)

12	Names :	and add	dresses	of c	officers	and/or	director	6.
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A. DIRECTORS

Chairman:		SECRETARY	7 2: 35
Address:	·	SECRETARY OF TALLAHASSEE F	STATE: LORIDA
Vice Chairman:			
Address:			
	V. 40 C.		
Director:			
Address:			
Director:	•	•	. ,
Address:			
B. OFFICERS	T		
President: Jack D	Davis	*	-
Address: 11125 8th	ST E		•
Treasure	Island, FL	33706-1105	
Vice President: Hellen C	Davis		
Address: Illi25 8th	St. E.		
Treasure 1.	_	33706-/105	·
Secretary: Hellen C	Davis		-
Address: 1125 8th	St. €. 7	reasure Island, A	C 33706
Freasurer: JACK D	OAVIS		•
Address: 11125 8th ST	. E. Treusure	Island, Fr	33706
NOTE: If necessary, you to han addend	the amplication list	ing additional officers and/o	or directors.
(Signature of /ana, vice Chairn	an or any officer listed	n number 12 of the applica	tion)
(Signature of Jan, Vice Chairn	an, or any officer fisted i	n number 12 of the applica	uon <i>)</i>
(Typed or printed name	and capacity of person s	igning application)	

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "UBUNTU PROCESS, 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 EIGHTEENTH DAY OF

FEBRUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS A NON-PROFIT AND NON-STOCK CORPORATION.

THAR-1 PH 2: 35
SECRETARY OF STATE
SECRETARY OF STATE

4846175 8300C

110151036

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 8571986

DATE: 02-18-11

You may verify this certificate online at corp.delaware.gov/authver.shtml