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(Business Entity Name)

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TALMADGE COUNTY  
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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Inconen Corporation  
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," 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:

Cathy O'Neil  
Name of Person  
Inconen Corporation  
Firm/Company  
6133 Bristol Parkway #232  
Address  
Culver City CA 90230  
City/State and Zip code  
Cathy@inconen.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy O'Neil at (310) 410-1931  
Name of Person Area Code & Daytime Telephone Number

STATE OF FLORIDA  
TALLAHASSEE, FL  
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**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. Incomen Corporation  
(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. CAL. FORN. A 3. 95-3310381  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-18-1978 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2-14-11  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6133 Bristol Parkway #232, Culver City, CA 90230  
(Principal office address)

Same as above  
(Current mailing address)

8. Temporary Staffing Agency  
(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 47th Court North  
Loxahatchee, Florida 33470  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Jim Smith for 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 addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Gordon Ross

Address: P. O. Box 282  
Hermosa Beach CA 90254

Vice Chairman: David Tetreault

Address: 346 Montechico Dr.  
Monterey Park CA 90246

Director: Derick Tilley

Address: 856 Windsor Dr. SE  
Sammamish, WA 98074

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Gordon Ross

Address: See above

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

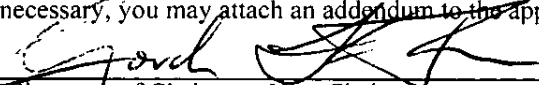
Secretary: Derick Tilley

Address: See above

Treasurer: David Tetreault

Address: See above

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GORDON K. ROSS, CEO  
(Typed or printed name and capacity of person signing application)

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**State of California  
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

INCONEN CORPORATION

FILE NUMBER: C0869659  
FORMATION DATE: 07/18/1978  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

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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 02, 2011.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State