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To:

Division of Corporations

Fax Number

: (850)617-6381

000661.1522

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173

Fax Number : (850)222-1173 Fax Number : (850)224-1640

\*\*Enter the email address for this business entity to be used for funding annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION SWISSOUAL INC.

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SECRETARY OF STATE

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## 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. SWISSQUAL	INC.			
(Enter name of o	orporation; must include "INCORPORATION," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	_
TRE., CO., C	orp, me, co, or corp)			
				_
(If name unavails	ble in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florid	<u>a)</u>
2. DELAWARE		3.	75-3269692	_
•	under the law of which it is incorporated)		(FEI number, if applicable)	
4. AUGUST 28	of incorporation)	5.	(Duration: Year corp. will cease to exist or "perpetual"	_
(Date	oi intorporation)		(Duranon: 1 ear corp. with cease w exist or perpension	,
0			Florida, if prior to registration)	_
47 ODEOT	·		602, F.S., to determine penalty liability)	
7.17 SPECTI	RUM POINT, SUITE 506, LA (Principal office)			_
17 SPECT	•		AKE FOREST, CA 92630	
77 0 20 1	(Current mailing			<b>—</b>
EMBLOYME	ENT OF DEPONNEL FOR M	A NI	ACEMENT OF MATIONWINE ACTIVITY	
·· —		_	AGEMENT OF NATIONWIDE ACTIVITY NUMBER 1 TO BE CARTIED OUT IN STATE OF PROFIDE ACTIVITY	<u>-</u>
9. Name and stree	t address of Florida registered agent; (	P.O	Box NOT acceptable)	
Name:	NRAI Services, Inc.		T. LEGR	2
Office Address:	515 East Park Avenue		HET APA	1
Office Address:	Taliahassee	_		¿
	(City)		, Florida 32301 Mg	
10 States and a			OR	STA C
Having been nam	ent's acceptance: ed as registered agent and to accept so	ovi	ce of process for the above stated corporation at the	e place
designated in this	application, I hereby accept the appoi	nın	nent as registered agent and agree to act in this cap clative to the proper and complete performance of	pacity. I
and I am familiar	with and accept the obligations of my	po	sition as registered agent.	my wates,
(	)) N			•
(	th. y			
~	(Registered agent's signatu	ne)	Melios, Tonellen, Louis. Se	caotura

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.

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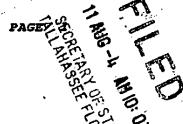
12. Names and business addresses of officers and/or	T directors: SECRETARY DE STATE
A. DIRECTORS	TALLAHASSEE FLORIDA
Chairman: ROBERT E. WATTENBERG	
Address: 17 SPECTRUM POINT, SUIT	E 506, LAKE FOREST, CA 92630
Auditos.	
Vice Chairman:	
Address:	
Director:	
Address:	
\daress:	
Director:	
Address:	
B, OFFICERS	
President: ROBERT E. WATTENBERG	
	1 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Address: 17 SPECTRUM POINT, SUITE 508	S, LAKE FOREST, CA 92830
Vice President: VALERIE KOGAN	
Address: 60 SW 13TH STREET, #3624, I	MIAMI, FLORIDA 33130
Secretary:	· · · · · · · · · · · · · · · · · · ·
Address:	
Treasurer:	
Address:	
NOTE: If necessary you may ettach an addition in the	the application listing additional officers and/or directors.
1 11 11 14	
13. Signature	of Director or Officer
The officer or director signing this document (and w	who is listed in number 12 above) affirms that the facts stated herein
are true and that he or she is aware that laise inform: third degree felony as provided for in s.817.155, F.S	ation submitted in a document to the Department of State constitutes a
DOBEDT C WATTENEED DESIDE	

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

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## Delaware

## The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF THE STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SWISSQUAL 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 FOURTH DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWISSQUAL INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

4593640 8300

110890928

You may vorify this certificate online at corp. delaware, gov/outhwar, sheal

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 8949783

DATE: 08-04-11

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