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(Re	questor's Name)	<u> </u>
(Address)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. Burch AUG 1 6,2000

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: MegadaTA SoluT Name of corpo	ration - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation" Certificate of Existence," or "Certificate of Goo above referenced foreign corporation to transact	on for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the business in Florida.
Please return all correspondence concerning this Yewton Wane	matter to the following:
Na:	me of Person
MegadaTA Solutions	Mnc clo Lanter Leonardo « Levy
Firm	n/Company Levy
1800 NW Corporare Blue	1, # 303
BOCA RATON, FI 3342 City/s	
City/S	State and Zip code
ausi: YT wango yakoo E-mail address: (to be	· COM
e-mail address: (to be	used for future annual report nonfication)
For further information concerning this matter, pl	ease call:
David Lawier CPA at (5	Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Service 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. Lieoadara Solutions Mrc.
(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.
(const = 1)
2. State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05.12.11 (Date of incorporation) 5. Perperval (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year 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. 12554 HUNTINGTON Trace Alpharetta GA 30005
(Principal office address)
1800 NW Corporate Blvd, #303 Boca RATION Fl 33431
(Current mailing address)
any land 1 more
8. Uny auful purpose. (purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
grapose(s) or corporation additionated in notice state or country to be called out in state of 1 fortida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Lanter Leon ARdo or Levy, LLC
Office Address: 1800 NW Corporate Blud, #303
BOCA ROTON, Florida 33431
(City) (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)

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	A ALGORIT
Chairman:	
Address:	- Sec. 5
	TS 3
Vice Chairman:	· RE 3
Address:	
Director:	
Address:	
Director:	
Address:	
Mohacora GA 30005	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition	onal officers and/or directors.
13) yatons	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above are true and that he or she is aware that false information submitted in a document to third degree felony as provided for in s.817.155, F.S.	
(Typed or printed name and capacity of person signing app.	lication)

· 100

Control No. 11037403

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

MEGADATA SOLUTIONS INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 05/12/2011 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 10th day of August, 2011

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 7669490-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp