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(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
, (Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
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Office Use Only

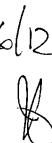


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COVER LETTER

TO:	New Filing Section Division of Corporations									
SUBJ	ECT:	AUXIL	IO SOLUTIO	NS, INC.						
0020	2011.		Nam	e of corpora	ation - must i	nclude suffix				
Dear S	ir or Ma	dam:								
"Certif	icate of	Existence	e," or "Certifica	te of Good	Standing" an	d check are sub				
Please	return al	ll corresp	ondence concer	ning this m	atter to the fo	llowing:				
BILL	O'DELI									
				Name	e of Person					
AUXII	LIO SO	LUTIO	NS, INC.							
				Firm/0	Company					
26300	LA AL	AMEDA	A, SUITE 100							
	Division of Corporations ECT: AUXILIO SOLUTIONS, INC. Name of corporation - must include suffix read of Existence," or "Certificate of Good Standing" and check are submitted to register the eferenced foreign corporation to transact business in Florida, "cate of Existence," or "Certificate of Good Standing" and check are submitted to register the eferenced foreign corporation to transact business in Florida. Tetum all correspondence concerning this matter to the following: DIDELL Name of Person LIO SOLUTIONS, INC. Firm/Company LA ALAMEDA, SUITE 100 Address ON VIEJO, CA 92691 City/State and Zip code LL@AUXILIOINC.COM E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: DIDELL Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 di sa check for the following amount: 0.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$287.50 Filing Fee, Certificate of Status & Certificate of Status \$287.50 Filing Fee, Certificate of Status \$287.50 Fi									
MISSI	ON VII	EJO, CA	92691							
				City/Sta	ate and Zip co	ode				
BODE	LL@A	UXILIO								
			E-mail addre	ss: (to be us	sed for future	annual report n	otification)			
For fur	ther info	rmation (concerning this	matter, plea	ase call:					
BILL (O'DELI	_		at (949	, 614-0	0703				
	Name	of Persor	1				one Number			
						•				
New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						New Filing Section Division of Corporations P.O. Box 6327				
			\$78.75 Filir	ng Fee &						

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.

 AUXILIO S 	OLUTIONS, INC.							
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED	," "COMPANY," "CORPORATION,"					
(If name unavai	lable in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting busine	ss in Flo	orida)			
2. CALIFORN	IA	_ 3.	20-1386643					
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)						
4. 4/1/2004		5.	PERPETUAL					
(Dat	e of incorporation)		(Duration: Year corp. will cease to exist or	"perpeti	ıal")			
6. 6/1/2012								
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)					
262001111	•		• • •					
7. 26300 LA AI	LAMEDA, SUITE 100, MISSION V							
CANE	(Principal office	auc	iress)					
SAME	(C + "							
	(Current mailing	ado	iress)					
MANAGED	PRINT SERVICES							
o	s) of corporation authorized in home state	or c	ountry to be carried out in state of Florida)	12				
Name and stre	et address of Florida registered agent:	(P () Roy NOT acceptable)		<u> </u>			
. Nume and <u>sire</u>		(1	S. Box (NOT acceptable)	72	Minni.			
Name:	Corporation Service Company				(3)			
Office Address:	1201 Hays Street			\mathbb{R}				
	Tallahassee		, Florida 32301	2: 1;	過い			
	(City)	-	(Zip code)	Q				

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.

Corporation Service Company

By: DINA BALLEY

(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 Chairman: JOHN PACE Address: 26300 LA ALAMEDA, SUITE 100 MISSION VIEJO, CA 92691 Vice Chairman: Address: _ Address: __ Director: _ Address: **B. OFFICERS** President: JOSEPH J FLYNN Address: 26300 LA ALAMEDA, SUITE 100 MISSION VIEJO, CA 92691 Vice President: Address: Secretary: PAUL T ANTHONY Address: 26300 LA ALAMEDA, SUITE 100, MISSION VIEJO, CA 92691 Treasurer: PAUL T ANTHONY Address: 26300 LA ALAMEDA, SUITE 100, MISSION VIEJO, CA 92691 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. (Typed or printed name and capacity of person signing application)

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

AUXILIO SOLUTIONS, INC.

FILE NUMBER:

C2644077

FORMATION DATE:

03/30/2004

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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 May 31, 2012.

DEBRA BOWEN

Secretary of State

TMV