

# F95000003876

## TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

900001557639  
-08/10/95--01065--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: WIN WIN SOLUTIONS INC.  
(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", 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:

NIZAR LAVJI

(Name of Person)

WIN WIN SOLUTIONS INC.

(Firm/Company)

200-C VISIONS COURT

(Address)

PALM BEACH GARDENS, FL 33418

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

NIZAR LAVJI

(Name of Person)

at (407) 355-6668

Area Code & Daytime Telephone Number

FILED  
95 AUG 10 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mtm

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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. WIN WIN SOLUTIONS INC.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)

2. ONTARIO, CANADA

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 16/FEB/1993

(Date of Incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 200-C VISIONS CRT

PALM BEACH GARDENS, FL 33418

(Current mailing address)

8. COMPUTER CONSULTING

(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 or Mail Drop Box **NOT** acceptable)

Name: NIZAR LAVJI

Office Address: 200-C VISIONS CRT

PALM BEACH GARDENS, Florida, 33418

10. Registered agent's acceptance:

(Zip Code)

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.

(Signature)  
(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: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: NIZAR LAVJI  
Address: 200-C VISIONS CRT, PALM BEACH GARDENS, FL 33418

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

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

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

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

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

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: NIZAR LAVJI  
Address: 200-C VISIONS CRT, PALM BEACH GARDENS, FL 33418

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

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

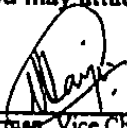
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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. NIZAR LAVJI, CHAIRMAN & CEO  
(Typed or printed name and capacity of person signing application)

Ministry of  
Consumer and  
Commercial Relations

Business Division  
Companies Branch  
Suite 200  
303 University Ave  
Toronto ON M5G 2M2

Ministère de  
la Consommation  
et du Commerce

Direction des affaires commerciales  
Direction des compagnies  
Bureau 200  
303 avn University  
Toronto ON M5G 2M2



Ontario

## Certificate of Status Certificat de Statut Documentaire

This is to certify that according to the  
records of the companies branch

Je certifie par les présentes que, conformément  
aux dossiers de la Direction des compagnies,

**WIN WIN SOLUTIONS INC.**

Ontario Corporation No.

Numéro matricule de la personne morale en Ontario

**001018885**

is a corporation incorporated, amalgamated  
or continued under the laws of  
the Province of Ontario.

est constituée, fusionnée ou prorogée en vertu  
des lois de la province de l'Ontario.

The corporation came into existence on

La personne morale a été fondée le

**FEBRUARY 16 FEVRIER, 1993**

and has not been dissolved.

et n'a pas été dissoute.

Dated

Fait le

**JULY 12 JUILLET, 1995**

Assistant

Controller of Records  
Contrôleur des dossiers

RECEIVED  
TALLAHASSEE, FLORIDA

95 AUG 10 AM 9:14

FILED