November 1, 1996

Corporate Records Bureau Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: XIT GROUP, INC. 9609272667005

600002003126--0 -11/13/96--01131--007 \*\*\*\*\*70.00 \*\*\*\*\*70.00

Dear Sir or Madam:

Enclosed please find Application for Authority (and related documents, if appropriate) and our check in the amount of \$70.00 for XIT GROUP, INC...

Please file and return all related correspondence to my attention at the address listed above.

Please feel free to contact me directly at 1-302-575-0440, ext. 7003, with questions regarding the enclosed application.

Sincerely,

Laura J. Lockhart

Corporate Service Representative

96 NOV 12 AN 8: 14

mtn

enc.

## 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:

| Vame of corporation; mus<br>bbreviations of like import<br>r partnership if not so con |   |  |  |  |
|--|---|--|--|--|
| blaunce as or country under the  | aw of which it is inc   | orporated) 3. (1   | Applied for El number, if applica  | ble)   |
| 9 21 96<br>(Date of Incorporation  |   | Perpet   | ual  |  |
|  | •   | (Duragon: 163  | r corp. will cease to e  | Clampedied, to sexi  |
| LADON qua  | iss'in Florida. (See e  | ciona 607.1501, 607.150  | 22, and 817,155, F.S.)   | ë  |
|  | ont Ct.   |  |  | 12   |
| Boca Rator   | 1 FI  | 33428  | <del></del>  | 2  |
| <del></del>  | (Current mailing ac   |  |  | ċò   |
| Toformation S. Purpose(s) of corporato   | •   |  | 11.  | **************************************                             |
|  | Larry V   | Jolfe_   |  |  |
|  | 200 A Joh   |  | <del></del>  |  |
| Office Address:  | <u> </u>  |  |  | 2020   |
| Office Address:  | <u> </u>  | sce  | Florida .  | 32305  |
| Office Address:  | <u> </u>  | sce  | , Florida , ,  | 32303<br>(Zip Code)  |
| Office Address:  | Tallahas  | sce  | , Florida , ,  | (Zip Code)   |
|  | Tallahas  acceptance: egistered agent designated in this e to act in this ethe proper and e | and to accept se<br>his application, s<br>apacity. I further<br>complete perform | rvice of process for the second to the secon | (Zip Code)  for the above state  the appointment  with the provisi |

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:  | to the second                       |
|-----|--|-------------------------------------|
| A.  | DIRECTORS  |                                     |
|     | Chairman: Robert Lyon  |                                     |
|     | Address: 21791 Philmont Court Bosca Ration FL 33428  | :                                   |
|     | Vice Chairman:   |                                     |
|     | Address:   |                                     |
|     | Director: Diane Lyan   |                                     |
|     | Address: 21791 Philmont Count Boxa Ratun FL 33428  |                                     |
|     | Director:  |                                     |
|     | Address:   | ·                                   |
| 8.  | OFFICERS   | •                                   |
| ••  | President Robert Lyon  | SE SIVIG                            |
|     | Address: 21791 Philipant Court Boca Raten FL 33428   | SECRETAR<br>SECRETAR<br>JUSTON OF C |
|     | Vice President   | ED SEPTIMENT OF STREET              |
|     | Address:   | 15<br>8: 15                         |
|     | Secretary: Niane Lyon  | ·                                   |
|     | Address: 21791 Philmont Court Boxa Ration FL 33428   | •                                   |
|     | Treasurer: Robert Lyon   |                                     |
|     | Address: 21791 Philmont Court  |                                     |
|     | boca Raton FL 33428  |                                     |
|     | TE: If necessary, you may attach an addendum to the application listin for directors.  | g additional officers               |
| 13. | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applications of the control of | ation)                              |
| 14. | Robert N. Lyon, President Typed or printed name and capacity of person signing application)  |                                     |

## CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICLE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS MAY BE SERVED.

In compliance with Section 607.1507, Florida Statutes, the following is submitted:

First, this XT Group, Inc. desiring to organize under the laws of the state of Florida with its principal place of business located in the city of Boca Cator , State of Florida, has named Larry Wolfe located at 200 - A John Knox Road, Tallahassee FL 32303-6643 as its agent for service of process within Florida.

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Larry Wolfe

Larry Wolfe

1. FDWARD J. FREEL. SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY \*XIT GROUP, 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 FIRST DAY OF NOVEMBER.





Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

DATE:

8174417

960319027

2667005

8300

11-01-96