1217 TRANSMITTAL LETTER To: **Qualification/Tax Lien Section Division of Corporations** SUBJECT: <u>21st Century Mantreting + Training Solutions</u>, 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. 000002355590 -11/24/97--01120--003 Please return all correspondence concerning this matter to the following: *****70.00 *****70.00 Name of Person) 21st Contury Marketing + Training Solutions, the. (Firm/Company) 303 ALt. Bar, clb. Ste. 2041 (Address) ALT Sprgs. F1. 32701 (City/State/Zip) PM L: Should you need to call someone concerning this matter, please call: (Name of Person) (Area Code & Daytime Telephone Number) 11/24

COURIER ADDRESS:

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

MAILING ADDRESS:

Qualification/Tax Lien Section 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. 21st Century Marketing + Training Solutions,	1	NC.
(Name of comporation: 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. <u>Deleware</u> (State or country under the law of which it is incorporated) 3. <u>59-3476616</u> (FEI number, if applicable)		
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
islandas Paratual		
4. <u>10/20/97</u> 5. <u>Perpetual</u> (Date of incorporation) 5. <u>(Duration: Year corp. will cease to exist or "perpetual"</u>)		
(Date of incorporation) (Dination. Fear corp. will cease to exist of perpetual)		
$\delta $ $\mathcal{M} A$		
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		
7. 303 ALT. Bay CIL. Cincle ste 204	S	VIO.
	X	-isi SEC
ALT. Sprgs FI. 32701 (Current mailing address)	NON 21	- Se
(Current mailing address)	N F	¥AF
		Э́сн
8. Con Internet Consultant		S ^D
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	4:03	
		<u>e</u> r
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable	;)	
Name: <u>LAURELJ. Giuliani</u>		
Name: <u>CAURET J. GIOITAN</u>		
Office Address: 303 ALL. Bay Clb. Cire.		
ALT. Spras., Florida, 32701		
(Zip code)		
10 Registered agent's accentance:		

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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

٠	P 7 + P	
	TORS (Street address only - P.O. Box NOT acceptable) SAME AS PRESIDENT	
Address:		
 Vice Chairr	nan:	· · · ·
Address: _		
— Director: _		
Address: _		
Director: _		97 Vise NOV NOV
Address: _		PP
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)	URATA
President:	Laurel J. Giuliani	03 TE
Address:	303 ALT. Bay Clb. Cincle.	- ALT. Sprgs. F1. 32701
 Vice Presid	ent:	· ·
Address: _		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
Address:		
Treasurer:	SAME AS President	· · · · · · · · · · · · · · · · · · ·
Address: _		· · · · · · · · · · · · · · · · · · ·
NOTE: If	necessary; you may attach an addendum to the application listing addition	
13	(Signature of Chairman, Vice Chairman, or any officer listed in num	
14	<u>Laurel J. Giuliani</u> HRes (Typed or printed name and capacity of person sign	$1 \rightarrow 1 \rightarrow 1$ ning application)

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State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "21ST CENTURY MARKETING & TRAINING SOLUTIONS, 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 THIRTIETH DAY OF OCTOBER, A.D. 1997.



AUTHENTICATION: DATE: 8731942

2772684 8300

2772004 000

971366621

10-30-97

PM h: