F-9800000202/

To:

409 E. Gaines St.

Tallahassee, FL 32399

Qualification/Tax Lien Section

| Division of Corporations | | |
|---|---|--|
| SUBJECT: CITY SOC | f corporation - must include suffix) | |
| (Name of | f corporation - must include suffix) | |
| Dear Sir or Madam: | f corporation - must include suffix) 9000023891592 -01/05/9801033002 ******78.75 ******78.75 | |
| The enclosed "Application by Foreign Corpo "Certificate of Existence", and check are subtransact business in Florida. | oration for Authorization to Transact Business in Florida", omitted to register the above referenced foreign corporation to | |
| Please return all correspondence concerning | | |
| | (Name of Person) | |
| CITY S | Firm/Company) | |
| 1565 JA | (Address) | |
| MONTECI | (Address) (Address) (City/State/Zip) (City/State/Zip) (City/State please call: | |
| Should you need to call someone concerning | this matter, please call: | |
| OAVID HUGHES at (Name of Person) | (805) 969- 2294 94/9 (Area Code & Daytime Telephone Number) | |
| (17ame of reison) | (Area Code & Daytime Telephone Number) 98 VS | |
| COURIER ADDRESS: | MAILING ADDRESS: | |
| Qualification/Tax Lien Section Division of Corporations | Qualification/Tax Lien Section Division of Corporations | |

P.O. Box 6327

Tallahassee, FL 32314

No penalty.
Received in January.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 7, 1998

J. DAVID HUGHES CITY SOLUTIONS, INC. 1565 LAS TUNAS RD. MONTECITO, CA 93108

SUBJECT: CITY SOLUTIONS, INC.

Ref. Number: W98000000327

SECRETARY OF STATE DIVISION OF CORPORATIONS

We have received your document for CITY SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 898A00000777

TRANSMITTAL LETTER

| To: Qualification/Tax Lien Section Division of Corporations | | |
|---|------------------|---------------|
| SUBJECT: City Solutions, Incorporated (Name of corporation - must include suffix) | | |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Fluid "Certificate of Existence", and check are submitted to register the above referenced foreign corporations to the submitted to register the above referenced foreign corporations in Florida. | orida' oratio | n to |
| Please return all correspondence concerning this matter to the following: | | |
| Com Trento. (Name of Person) | | |
| (Name of Person) | 98 | o ≥s |
| City Solutions, Inc (Firm/Company) | 98 APR | ECRE |
| | 5 | |
| 2200 4th Au North #3 (Address) | 3 | |
| (Address) | ت | 98.5 S = 2 |
| Lake lexorth, FZ 33461 | 9: 07 | |
| (City/State/Zip) | · • | හි |
| Should you need to call someone concerning this matter, please call: Tow Trento at (561) 582 - 8621 (Name of Person) (Area Code & Daytime Telephone Number) | _ | |
| COURIER ADDRESS: MAILING ADDRESS: | | |

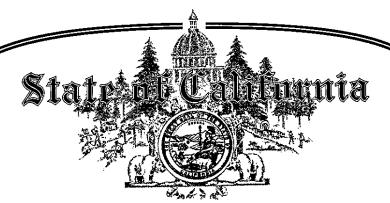
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANC. REGISTER A FO | CE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO DREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. | · |
|---------------------------------------|--|--------------|
| (Name of corpo | oration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or eviations of like import in language as will clearly indicate that it is a corporation instead of a or partnership if not so contained in the name at present.) | |
| 2 CAN | TORNIA 3. M704 675 19 (FEI number, if applicable) | |
| (State or country | | |
| 4. Se | ate of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") | - |
| (Da | ate of incorporation) (Duration: Year corp. will cease to exist or "perpetual") | |
| 6 | October 5,1997 | _ |
| (Date firs | st transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) | |
| 7. Ci | Ly Solutions, Incorporated | |
| 2200 | ty Solutions, Francosporated 4th Aue North #3, Lake Worth, F 33461 (Current mailing address) | |
| | · · · · · · · · · · · · · · · · · · · | |
| 8. To eva (Purpose | SCORIN CONTROL OF NEW COLL COSSEMBLY A ADV. S. ets) of corporation authorized in home state or country to be carried out in state of Florida) | ک <i>عله</i> |
| | treet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) | |
| Name: | Tom Trento | |
| Office Address: | 2200 YMANE N. #3 | .: - |
| | Lake Worton, Fr. 33461, Florida, 33461 = 33461 (Zip code) | = |
| 10. Registered | agent's acceptance: | |
| in this application comply with the p | med as registered agent and to accept service of process for the above stated corporation at the place designated in, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with bligations 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) |
|--|
| A. DIRECTORS (Street address only - P.O. Box NOT acceptable) |
| Chairman: Tom Trento |
| Address: 2200 4th Are N. #3 |
| hora levolon, FZ 33461 |
| Vice Chairman: |
| Address: |
| |
| Director: |
| |
| Address: |
| |
| Director: |
| Address: |
| B. OFFICERS (Street address only - P.O. Box NOT acceptable) |
| |
| President: Tom Trento |
| Address: 2200 4th Ave N. #3 hake Wirth, Fr 33461 |
| |
| Vice President: J. David Hughes |
| Address: 1565 has Tunas Rd., Montecito, CA 93108 |
| |
| Secretary: TOM Trento |
| Address: 2200 4th Ave N. #3, Lake Worten, FZ 33461 |
| |
| Treasurer: J. David Hushes |
| Address: 1565 has Tunas Rd, Montecito, CA 93108 |
| |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| A CONTRACTOR OF THE PROPERTY O |
| 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |
| 14. Acomos A. TRENTO |
| (Typed or printed name and capacity of person signing application) |



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

CITY SOLUTIONS, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

April 3, 1998

Billyones

Secretary of State