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	HELION		
Division of C	n/Tax Lien Section Corporations	Venture Consul	tants Inc.
SUBJECT:	(Name of co	orporation - must include suffix)	(Nel), -20 C,
	(2 (2000)	,	
Dear Sir or Madam:			
The enclosed "Appli "Certificate of Existe transact business in l	ence", and check are submi	ation for Authorization to Transact Bus itted to register the above referenced for	reign corporation to
Please return all corr	respondence concerning thi	is matter to the following:	W98-11526
	Tomari	1/200001	
		Name of Person)	
		Ivalité di l'établi	
<u></u>	-1 15+ UPN	HUSE ONISHTANTS	AVC.
	((Firm/Company)	1 - 41
	OZ NE	2 Med ST Suit	le 244
		(Address)	
	Boca Poto	AL FC 33437	
	JOEN RATE	(City/State/Zip)	
) i coog	0253 1046 :
Charld was mord to	call someone concerning the	his matter places call:	*****70.00 ******70.00
Should you need to	can someone concerning u	ms matter, please cair.	
Tomais /	165011 at (561)	7704
(Name of P	· · · · · · · · · · · · · · · · · · ·	(Area Code & Daytime Telephone	Number)
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COURIER ADDRI	ESS:	MAILING ADDRESS:	2 F
Qualification/Tax Li Division of Corpora		Qualification/Tax Lien Sect Division of Corporations	ion A OF
409 E. Gaines St.	HOIIS	P.O. Box 6327	3. TA
Tallahassee, FL 323	399	Tallahassee, FL 32314	6 5 5 T
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			<i>31</i> 21

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. tirst Ventuse (ON SUITANTS, 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.)
natural person of partnersmp it not so contained at the matter at process.
2. De laware (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)
1 (· · · · · · · · · ·)
4. 4.17.98 s. <u>Der potcal</u>
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6 Nove at this sine
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
1 102 NE Trid ST Suite 244
7. $\frac{10}{2}$
BOCA KODN FC 33432 = 30
(Current mailing address)
8. CONTUHING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Jesemy Cainson
Office Address: 315 SE MILAIES Blid # 202
Back Raton, Florida, 3,9432
(Zip code)
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.
1 2 1 1 2 2 2
(Régistéred 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) Address: Vice Chairman: ___ Address: ____ Director: _ Address: __ Director: Address: ____ B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Vice President: Address: _ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIRST VENTURE CONSULTANTS, 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 TWENTIETH DAY OF MAY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIRST VENTURE CONSULTANTS, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF APRIL, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

2883706 8300 981194136



State 9092640

AUTHENTICATION:

05-20-98

DATE: