TRANSMITTAL LETTER

Division of Corporations SUBJECT: Alberon Computing Incorporated (Name of corporation - must include suffix)	
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(Name of corporation - must include suffix)	
	102547774 <u>-</u>
	06/04/9801068002 *****70.00 *****70.0
The enclosed "Application by Foreign Corporation for Authorization to Transact Bu "Certificate of Existence", and check are submitted to register the above referenced transact business in Florida.	
Please return all correspondence concerning this matter to the following:	(60 11700
STEVEN Davis (Name of Person)	W98-11720
, , ,	
Alderon Computing (Firm/Company)	
(Firm/Company)	
19285 Sabal Lake Dr.	98 98 98
(Address)	
19285 Sabal Lake Dr. (Address) Boca Raton FL 33434-5151	SECRETARIO IVISISIME -4
(City/State/Zip)	
Should you need to call someone concerning this matter, please call:	PH I2: 59
Steven Davir at (561) 392-8663	mt.
(Name of Person) (Area Code & Daytime Telephone	Number) 6/4

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 21, 1998

STEVEN DAVIS ALDERON COMPUTING 19285 SABAL LAKE DR. BOCA RATON, FL 33434-5151

SUBJECT: ALDERON COMPUTING INCORPORATED

Ref. Number: W98000011720

We have received your document for ALDERON COMPUTING INCORPORATED, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

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) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 598A00028795

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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. Alderon Computing Incorporated (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. New for C

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

4. 3/5/ | 996

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual") 6. 1/14/98
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. <u>PO BOX 445</u> Thaca NY 14850 -0495
(Current mailing address) 8. Computer Consulting
(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? 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 auties, and I am familiar with and accept the obligations of my position as registered agent.

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.

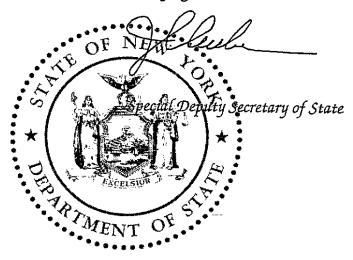
12. Names a	int addresses of officers and/of directors. (blacet address OND1 -1.0. Dox (vo.) acceptable)		
A. DERECT	ORS (Street address only - P.O. Box NOT acceptable)		
Chairman: _	Steven Davis	····	
Address:	PO Box 795 19285 Sakal Lake Dr.		
	Boca Raton FL 33434		
Vice Chairma	an:		
Address:			
Director:			
Address:			
Director:			
Address:			
B OFFICE	CRS (Street address only - P.O. Box NOT acceptable)	-8	<u> </u>
		MUL	CRE
	Steven Davis	<u></u>	
Address:	19285 Sabal Lake Dr	<u>₽</u>	<u>ੂੰ ਉਹ</u> ਤੋਂ ਨ
	Boca Raton PL 33434	- 5	
Vice Presiden	t:		<u> </u>
Address:			 -
		· · · · · ·	
Secretary:			
Address:			
Ттеаситет:			
Address:			<u> </u>
<u></u>			
NOTE: If no	ecessary, you may attach an addendum to the application listing additional officers and/or direct		
13.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application		
14. 54		1)	
14/	(Typed or printed name and capacity of person signing application)		· · · · · · · · · · · · · · · · · · ·

State of New York Department of State

I hereby certify, that the certificate of incorporation of ALDERON COMPUTING INCORPORATED was filed on 03/05/1996, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of March one thousand nine hundred and ninety-eight.

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