

F98000005211

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: IO Associates, 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.

Please return all correspondence concerning this matter to the following:

Cynthia Pino
(Name of Person)
IO Associates, Inc.
(Firm/Company)
6158 Palma Delmar Apt 601B
(Address)
St. Petersburg, FL 33715
(City/State/Zip)

98 SEP 16 AM 9:52
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

mt
9/17

Should you need to call someone concerning this matter, please call:

600002641376--9
-09/16/98--01074--002
*****70.00 *****70.00

Robert W. Thompson at (802) 362-1880
(Name of Person) (Area Code & Daytime Telephone Number)

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. IO Associates, 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. Vermont 3. 03-0353887
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/14/96 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/98
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P.O. Box 2078
South Londonderry, VT 05155
(Current mailing address)

8. General Management, Business, and Computer Consult
(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: Cynthia Pino

Office Address: 6158 Palma Delmar Apt 601B
St. Petersburg, Florida, 33715
(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.

Cynthia Pino
(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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP 16 AM 9:52

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Cynthia Pino

Address: 6158 Palma Delmar Apt 601B
St Petersburg, FL 33715

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Cynthia Pino

Address: 6158 Palma Delmar Apt 601B
St. Petersburg, FL 33715

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF REGISTRATIONS
98 SEP 16 AM 9:52

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Cynthia Pino
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Cynthia Pino, President
(Typed or printed name and capacity of person signing application)



STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James F. Milne, Secretary of State of the State of Vermont, do hereby certify that according to the records of this office

IO ASSOCIATES, INCORPORATED

a corporation formed under the laws of the State of Vermont

was filed for record in this office on October 15, 1996

I further certify that the corporation has perpetual duration, that its most recent annual report is on file, and that articles of dissolution have not been filed.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP 16 AM 9:52

July 24, 1998

Given under my hand and the seal
of the State of Vermont, at
Montpelier, the State Capital

James F. Milne

James F. Milne
Secretary of State

