F98000006658 TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: Trans Sentient	Technologies Inc.
(Name of corporation	Technologies Inc. n - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for a "Certificate of Existence", and check are submitted to retransact business in Florida.	
Please return all correspondence concerning this matter	to the following: 9000027052092
Joell Adams	-12/07/9801159001 *****87.50 *****87.50
(Name of	Person)
Joell Adams (Name of Trans Schtlent Te (Firm/Con	echnologies Inc.
25 NW 24th Co	70r+
25 NW 24th Co	
Delray Beach F (City/Sta	-1 33444
/ (City/Sta	te/Zip)
Should you need to call someone concerning this matter	r, please call:
Toell Acioms at (561 (Name of Person) (Area	1279 9275 Code & Daytime Telephone Number) W 12/8 C - 1 OF CORP FILED OF STATE 9: 25
STREET 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
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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. Sentient Technologies, Inc. 1. (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.) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (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) Office Address: 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. (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	d addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)	
	ORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	Courtney E. Adams	
Address:	25 NW 24th Ct	<u> </u>
	Delvay Boh FL 33444	
Vice Chairman	Comptney E. Adams	
Address:	or NUT 24th CL	
Address.	DelrayBch FL 33444	_ 2 = e
	A D C Adams	
Address:	25 NW 24th Ct.	
	Delray Bch Fe 33444	
Director:	<u> </u>	· -
Address:		
	RS (Street address only - P.O. Box NOT acceptable)	
	Courtney E. Adams	
Address:	25 NW 24th Ct.	
	Delray Beh FL 33449	
Vice President:	: Courthey E. Adems	
Address:	25 NW 29th Ct.	 <u>-</u> ,
	Delray Bch FL 33444	
Secretary:	Courdney E. Adams	
Address:	25 NW 24th ct	
	Delray Boh Fl 33444	
_	Joell C Adams	<u> </u>
Treasurer:	25 NOV 201101	
Address:	25 1010 251 251 252(1)11	·
	Delray Bch FC 33444	
NOTE: If neo	cessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	Delle Stams	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	<u>.</u>
14	(Typed or printed name and capacity of person signing application)	

STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

TRANS SENTIENT TECHNOLOGIES, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on July 31, 1996.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.



Date: November 25, 1998

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital



200-002