## F990000000862

| To: Qualification/Tax Lien Section Division of Corporations   | , am  |   |                       |
|---|---|---|-----------------------|
| SUBJECT: ERGODYNAM  | ICS INC.  | ; <b>=</b>  | ·· .                  |
| bobblet   | (Name of corporation - must i                             | nclude suffix)  |                       |
| Dear Sir or Madam:  | -   | - <del>.</del> <del>.</del> <del>.</del> <del>.</del> . |                       |
| The enclosed "Application by Foreign Co." Certificate of Existence", and check are stransact business in Florida. | rporation for Authorization submitted to register the abo | to Transact Business in Fove referenced foreign con     | lorida", rporation to |
| Please return all correspondence concerni   | ng this matter to the follow                              | ing =   |                       |
| BRIAN R.  | (Name of Person)  | -<br>   |                       |
|   |   |   | <u>.</u>              |
| <u>ERGODYN</u>  | AMICS (NC. (Firm/Company)                                 | · · · · · · · · · · · · · · · · · · ·                   |                       |
|   |   |   |                       |
| 1308 CENT   | ENNIAL AVE.,  | SUITE 232   |                       |
|   | (Address)   |   |                       |
| PISCATAWA   | Y, NJ 08854   | <del>-</del>  |                       |
|   | (City/State/Zip)  | 8000 <u>0</u> 27<br>-02/15/9                            | 9901003003            |
| Should you need to call someone concerni  | ng this matter, please call:                              | ***** <sup>70</sup>                                     | (_UU ****** (U_UU     |
| BRAN HILL   | at737   | 2 - 463 - 1064<br>Lrea Code & Daytime Telephon          | ·                     |
| (Name of Person)  | (A  | rea Code & Daytime Telephon                             | ie Number)            |
| STREET ADDRESS:   | MAI   | LING ADDRESS  | AJ 2/15/2             |
| Qualification/Tax Lien Section  |   | fication/Tax Lien Section                               |                       |
|   | Quali   | -   | A/2/15/               |

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

FILED 99 FEB 12 AM 9:39

STF FL32376F.2

## 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.

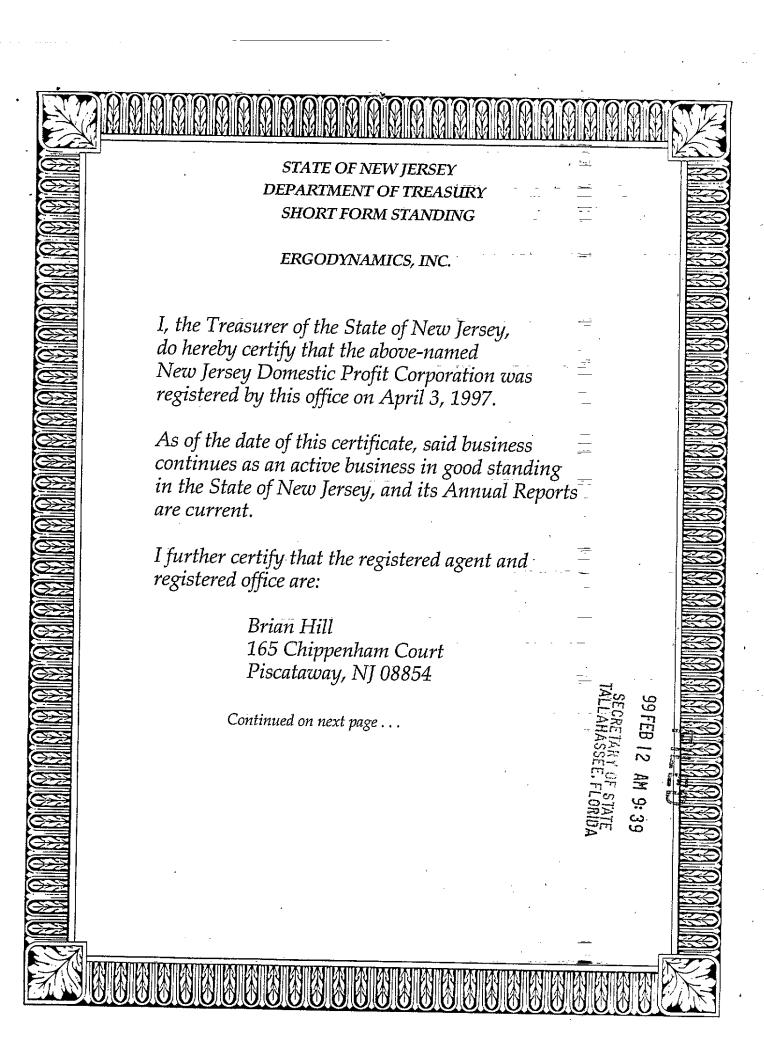
| <b>`</b> 1.             | ERGODYNAMICS,  | INC   |                |   |   | <del>دنانا</del><br>دفي                |
|-------------------------|--|---|----------------|---|---|--|
|                         | (Name of corporation; must include the wor<br>abbreviations of like import in language as<br>if not so contained in the name at present.)  | d "INCORPORAT will clearly indicat                                  | ED",<br>e that | "COMPANY", "CORPOR it is a corporation instead  | ATION" or word of a natural perso                 | s or<br>n or partnership               |
| 2.                      | NEW JERSEY   |   | 3              | 22-3504244  | per, if applicable)                               | <del></del>                            |
|                         | (State or country under the law of which it  | is incorporated)  |                | •   |   |  |
| 4.                      | 4/3/97   |   | 5              | PERPETUA<br>(Duration: Year corp. wi  | L =<br>11 cease to exist or                       | "pernetnal")                           |
|                         | (Date of incorporation)  |   |                | (Duration, real corp. wi  | - · =   | pospotani y                            |
| 6.                      | FEB 15, 1999   |   |                |   | <u> </u>  |  |
|                         | (Date first transacted business in   |   |                |   | and 817.930, 178.                                 |  |
| 7.                      | 1308 CENTENNIAL  | AVENUE  | <u>کیر .</u>   | SUITE 232   | <del>- 製造 70</del>                                |  |
|                         | PISCATAWAY, NJ   | 08884   |                | ·   | AC B  |  |
|                         |  | (Current mai  | ling a         | ddress)   | S   |  |
| R                       | Calos à examence.  | egupment  | $L$ $\alpha$   | nd accessorie   | , ≅ည ယ<br>၂၂၂ ၂၂ ၂၂ ၂၂ ၂၂ ၂၂ ၂၂ ၂၂ ၂၂ ၂၂ ၂၂ ၂၂ ၂၂ | -                                      |
| Ο.                      | (Purpose(s) of corporation auth  | orized in home sta  | ite or         | country to be carried out it  | n state of Florida)                               |  |
| 9.                      | Name and street address of Florida   | a registered ago  | ent: (         | P.O. Box or Mail Drop   | p Box <u>NOT</u> ac                               | ceptable)                              |
|                         | Mame: Joseph Sullis<br>Ome<br>Acce Address: 3325 Baysho  | ran   | -              | - (Thishis  | an employe  | e of                                   |
|                         | ome Address: 3325 Baysha   | e Blod A  | st p           | 7-12 other, no  | or are the  | a other people                         |
| 0.,                     |  |   | -              |   | in Fran   | da at this time                        |
|                         | 1 /4/2006 2  |   |                | Fiorida. フルらん   | ∠71 ·   | yevice.                                |
|                         | Please address all con   | responden   | Ce             | to home office  | i tal NJ.   | ~                                      |
| 10.                     | Registered agent's acceptance:   |   |                | ,,  | _   |  |
| the<br>in<br>cor<br>reg | wing been named as registered agent<br>e place designated in this application,<br>this capacity. I further agree to comp<br>mplete performance of my duties, an<br>gistered agent. | I hereby acceptly with the product of I am familiar  (Registered ag | vision with    | appointment as regis  ns of all statutes relati  and accept the obligation  ignature) | tered agent an ive to the properations of my po   | d agree to act<br>er and<br>osition as |
| 11                      | . Attached is a certificate of existence   | duly authentica   | ted, r         | ot more than 90 days  | prior to delive                                   | y or this                              |

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

/ 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.

| A. DIREC    | FORS (Street address only - P. O. Box NOT acceptable)   | SECRETAL S                                  |
|-------------|---|---|
| Chairman:_  |   | - CO. 12 CO.                                |
|             |   | - 1 0 3 9 3 9 3 9 3 9 3 9 3 9 3 9 3 9 3 9 3 |
| Vice Chairn | nan:  |   |
|             |   |   |
|             |   |   |
| Address:    |   |   |
| Director: _ |   |   |
| Address: _  |   |   |
| President:  | ERS (Street address only - P. O. Box NOT acceptable)  BRIAN R HILL  165 CHIPPENHAM COURT  |   |
|             | PISCATAWAY, NJ 08854  |   |
| Address: _  | ent.  |   |
| Secretary:  |   | -   |
| Address: _  |   |   |
| Treasurer:  |   | = · · · · · · · · · · · · · · · · · · ·     |
| Address: _  |   | -   |
| NOTE: If    | necessary you may attach an addendum to the application listing addition  |   |
| 14.         | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of BRIAN R HILL PRESIDENT.  (Typed or printed name and capacity of person signing applications) |   |



STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

ERGODYNAMICS, INC.



IN TESTIMONY WHEREOF, I have

hereunto set my hand and
affixed my Official Seal
at Trenton, this
3rd day of February, 1999

Jones le Di Electrico J.

James A DiEleuterio, Jr.
Treasurer

99 FEB 12 AM 9:39
SECRETARY UF STATE
TALLAHASSEF F STATE