Qualification/Tax Lien Section

To:

Division of Corporations ARSOLUTE SOLUTIONS (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 ABSOLUTE SOUTIONS TAK (Firm/Company) WARMINSTER PA 18974 (City/State/Zip) Should you need to call someone concerning this matter, please call: RICHARD STREET ADDRESS: MAILING ADDRESS: Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations Division of Corporations 409 E. Gaines St. P. O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314

DEGROUCHY, SIFER & COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

MANAGEMENT CONSULTANTS

892 SECOND STREET PIKE RICHBORO, PENNSYLVANIA 18954-3951

> TELEPHONE: (215) 322-4055 FAX: (215) 322-0205 EMAIL: CPA@DSCPA.COM

February 8, 1999

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Absolute Solutions, Inc.

Dear Sir or Madam:

Enclosed please find a completed Application for Authorization to Transact Business in Florida. Also, enclosed is a certificate of good standing issued by Pennsylvania and a check for \$70.00 for the registration fee.

Please let me know if you have any questions regarding this application.

Very truly yours,

William J. Sifer, CPA

Bill Sefen

Partner

WJS/ts Enclosure 99 FEB 25 PM 1:



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 15, 1999

RICHARD TOOLE ABSOLUTE SOLUTIONS INC. 15 VINCENT CIRCLE WARMINSTER, PA 18974

SUBJECT: ABSOLUTE SOLUTIONS INC.

Ref. Number: W99000003821

We have received your document for ABSOLUTE SOLUTIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 199A00006731

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Jekone GIULIANO , do hereby	
I, the undersigned(Name)	
(1 6 Cal 1)77 \cdot \cdo	NIS
that this Resolution of the Board of Directors of Ch Solute Solution	7.7
(TrachNoCogy) Tre	<u></u>
PANAZICICIA	ANIA
a corporation duly organized and existing under the laws of the State of Pennsylva	11.07;
$\sim 1.0 \mathrm{M}_{\odot}$	··
Rait resolved that ABSOLUTE SOLUTIONS (IECHNOLOGY)	Two
organized and existing in the State of <u>Cenusqualian</u> , hereby adopts the	: name
Absolute Solutions Technology for use in	
Mosorace - vaccor of	•
	1
Dated: <u>419/99</u>	
Dr. Lulian	
Signature of either Chairman, Vice Chairman or any officer	
Chrim AN - LEGRE	3965
Type or pant name	
IXHS19(4/96) — ПО СТОРО ПО СТ	a
LORID LORID	

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. ABS	SOLUTE	SOLU	TIONS	エハク	2,					
(Name of corpo abbreviations of if not so contain	like import in	language as v	i "INCORPO vill clearly in	RATED", dicate that	"COMI it is a o	PANY", "corporatio	CORPORA n instead o	ATION" or of a natural	words o person	r or partnership
2. PA				3.		23-	29167	55 r, if applica		
2. Prf (State or country)	y under the law	of which it is	s incorporate							
4.	7/29	197		5	-	PERP	FTUAL	· <u>-</u>	*	perpetual")
	(Date of inco	rporation)			(Dura	tion: Year	corp. will	cease to ex	ist or "r	perpetual")
6(Dat	JANU	ary b	1999.							
(Dat	e first transacte	d business in	Florida.) (SE	E SECTIO	ONS 60	7.1501, 6	07.1502 ar	nd 817.155,	F.S.)	
719	5 VINC	ENT C	IRCLE					- 		
1.	in a mil	14756	PA	129				-		
	PARMIL	/3/6/1	(Current	mailing ad	ldress)			-		
									1	
8. <u>ELE</u>	rpose(s) of corp	oration autho	rized in hom	e state or c	ountry	to be carr	ied out in	state of Flor	ida)	
9. Name and st	reet address	of Florida	registered	agent: (P.O. B	ox or M	ail Drop	Box <u>NO</u> T	C accer	otable)
	RONA							TAL SE	99	_
Office Address: _	2400	FORS	YTH R	D STE	10	7		CREI	FEB	
	ORIAN	NDO	•		1	Florida	3280	785	25 PM	
_	34-14			, h	,	. 101100,	(Zip cod	le)	PX	
10. Registered as			•					STATI STATI	+-	_
Having been nan the place designa	ed as registe ted in this ap	red agent o	and to acce Thereby ac	pt service cept the	e of pi appoii	rocess fo ntment o	or the abo	ove stated red agent	 corpo and a	ration at igree to act
in this capacity. I complete perform	further agre	e to comply	y with the p	provision	s of al	ll statute	es relativ	e to the p	roper a	ind
registered agent.		\circ	ı					-		
	/	Kon.	Cla (Registered	h-	E	•	-	: <u>=</u>		
	7	7	(Registered	l agent's si	gnature	e)				
11. Attached is a	certificate of	existence d	uly authent	icated, n	ot moi	re than 9	0 days pr	rior to del	ivery c	of 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. DIRECTORS (Street address only - P. O. Box NOT acceptable)	•
Chairman: \(\lambde{\lambda}/4\)	
Address:	
Vice Chairman:	
Address:	
Director	
Address:	
Director:	
Address:	
B. OFFICERS (Street address only - P. O. Box NOT acceptable)	
President: JEROME J. GIULIANO	-TA:: 5
Address: 2774 SUGAN ROAN	
Address. $\frac{2777}{240170}$ $\frac{1047}{1001}$	HASS ST
SOLEBURY PA 18963	me p M
Vice President: N/A	FST :
Address:	RIE -
· · · · · · · · · · · · · · · · · · ·	<u> </u>
Secretary:	
Address:	31.
Freasurer:	
Address:	
·	
NOTE: If necessary, you may attach an addendum to the application list. (Signature of Chairman, Vice Chairman, or any officer listed in the application list.)	•
4. JEROME GIULIANO, PRESIDEN	
(Typed or printed name and capacity of person si	gning application) —

COMMONWEALTH OF PENNSYLVAN TA

DEPARTMENT OF STATE

FEBRUARY 08, 1999

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ABSOLUTE SOLUTIONS, INC.

99 FEB 25 PM 1: 11
SECRETARY OF STATE
FALLAHASSEE, FLORID.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

SEOHE COMMON THE COMMO

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

ACTING Secretary of the Commonwealth

SSCH