February 4, 1999

Florida Secretary of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE:

Locáre, Inc.

Dear Sir or Madam:

On behalf of Locáre, Inc., a Pennsylvania Corporation, we enclose an Application by Foreign Corporation for Authorization Transact Business in Florida, in duplicate, and a check for \$70.00 to cover your fees. Also enclosed is a Good Standing Certificate from the Commonwealth of Pennsylvania.

Please file the enclosed and send the undersigned the proper acknowledgement of same.

If you have any questions, please call.

100002772811--1 -02/11/99--01051--002 ******70.00 ******70.00

Very truly yours,

TUCKER ARENSBERG, P.C.

Theresa A. Schrecengost,

Legal Assistant

43/3/99



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 11, 1999

TUCKER ARENSBERG, P.C. ATTN: THERESA A. SCHRECENGOST 1500 ONE PPG PLACE PITTSBURGH, PA 15222

SUBJECT: LOCARE, INC. Ref. Number: W99000003558

We have received your document for LOCARE, 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):

Please provide an English translation for the entity's name in your cover letter.

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: 399A00006233



Writer's Direct Dial:

(412) 594-5582

February 25, 1999

Florida Department of State Division of Corporations P.O. box 6327 Tallahassee, FL 32314

Re:

Locare, Inc.

Ref. Number: W99000003558

Dear Sir or Madam:

In response to your letter dated February 11, 1999, please be advised that the above name is defined in the Black's Law Dictionary as attached. There is no English translation. The officers of the Corporation added the added the á as an artistic touch.

If you have any questions, please call the undersigned.

Very truly yours,

TUCKER ARENSBERG, P.C.

THERESA A. SCHRECENGOST,

Legal Assistant

/tas Enclosure c: Joni Landy, Esquire (w/enc.) be107104.1

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPILIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

l Locare, Inc.			OD ATTENUES.	MPANY" "CORPORAT	TON", or
- 11 .	ration: must include the word riations of like import in languer partnership if not so contain	14 Y C 13 W LL	1 0100441	•	stead of a
natural person o	it batmeramb it not so commi		• ·		
			2		
2. Pennsylvania	ary under the law of which it is	incorporat	ed)	(FEI number, if applic	able)
(State or count	A fluder the 13M of Amon it m	Moospaan	,		
4 // /00		5	Perpetual		
4. 1/4/99	e of incorporation)		(Duration: Yes	r corp. will cease to exist (or "perpetual")
(Dat	e or moorporance,				
. To transact	business after filing	this do	cument		
6	business after filing transacted business in Florida	a. (SEE SI	CTIONS 607.	501, 607.1502, and 817.13	55, F.S.)
5F Chatham	Tower, 112 Washington	Place			
, ,		***************************************			_
Pittsburgh,	PA 15219	<i>(C)</i>	nt mailing addre	ce)	
		(Cune	it maining addic	33)	
		1			
8. Professiona	al Recruiting and relate e(s) of corporation authorized	ed servi	ces	he carried out in the state	of Florida)
(Purpose	e(s) of corporation authorized	III DOME SI	ate of world) .		
9. Name and str	reet address of Florida regis	stered age	nt: (P.O. Box	or Mail Drop Box NOT a	cceptable)
Name:	Douglas W.J. Landy				
Office Address:	11975 Brim Way				
OHICO 2 Manualle	Cooper City FL		Florida	33026	
	Cooper City, FL		, 1 ioinii, .	(Zip code)	
_				-	
10. Registered	agent acceptance:		_	- I was I compared to	– at the place designate
Having been nan	ned as registered agent and to a n. I hereby accept the appointm	ccept servi	ce of process for	the above statea corporation agree to act in this capacity). I further agree to
in this applicatio	n. I hereby accept the appointm provisions of all statutes relative	e to the pro	per and complet	e performance of my duties,	, and I am familiar with
and accept the ol	bligation of my position as regis	ered bgen	t.		
•	audio Vola	Wall.			
	Alegiste	ered/agent's	signature)		•
				down prior to delivery of thi	s application to the
11. Attached is a	a certificate of existence duly aut tate, by the Secretary of State or	menticated,	v nam snom non botsus enived lai	y of corporate records in the	jurisdiction under the las
Department of St	ate, by the Secretary of State of			-	

of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) DIRECTORS (Street address only - P.O. Box NOT acceptable) A. Chairman: Douglas W.J. Landy Address: 11975 Brim Way, Gooper City, FL 33026 Vice Chairman: ___ Address: Director:__ Address:__ Director: ___ Address: _ OFFICERS (Street address only - P.O. Box NOT acceptable) B. President: Douglas W.J. Landy 11975 Brim Way, Cooper City, FL 33026 Address: Vice President: None Address: . Douglas W.J. Landy Secretary: 11975 Brim Way, Cooper City, FL 33026 Address: Douglas W.J. Landy Treasurer: 11975 Brim Way, Cooper Way, FL 33026 Address: Addendum to the application listing additional officers and/or directors. NOTE: If necessary 13. Chairman, Vice Chairman, or any officer listed in number 12 of the application) Landy President 14.-(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JANUARY 29, 1999

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

LOCARE, INC.

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.



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.

Jugargula

ACTING Secretary of the Commonwealth

DPOS