F99000001636

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	-
SUBJECT: ELECTRONIC PROCESS	NG LEASTNG, INC.
(Name of corporation	- 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.	Authorization to Transact Business in Florida", egister the above referenced foreign corporation to
Please return all correspondence concerning this matter	to the following: $\Xi_{\mathcal{L}}$
Michael D. ARA	to the following:
(Name of	Person)
FLECTRATE PLASSMY	Leaspag . F NC . Fig & TT
ELECTIONIC PLOCESSING (Firm/Con	npany) Selved Floor TO BE TO
35 N.E. YOTH Street	Selved floor = SET = 3
(Addr	ess)
Mirms Florida (City/Sta	
(City/Sta	te/Zip)
Should you need to call someone concerning this matter	90002820209
Michael D. ARAMA, ESQ at (305) 5776- 2020 =
(Name of Person) at (305 (Area	Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS: = 3/3/99
Qualification/Tax Lien Section	Qualification/Tax Lien Section
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	<u>-</u>
№ \$70.00 Filing Fee	\$78.75 Filing Fee & Sertified Copy Sertificate 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. ELECTRONIC Processing LEASTN 6, INC.

(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.) (State or country under the law of which it is incorporated)

3. (FEI number, if applicable) 4. Marc 4 12, 1999 5. (Duration: Year corp. will cease to exist or "perpetual") 6. March 3/1/999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 35 NiE. Yoth street, Seland Floor

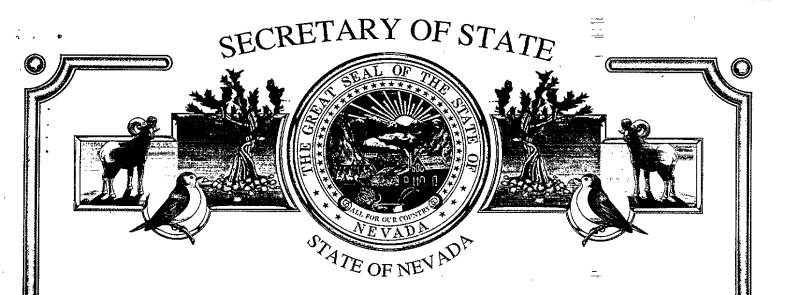
Mioni, Florida 33137

(Current mailing address) (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: 35 N.E. 40 th Street, STE. 105

Minn;
, Florida, 33/37
(Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation with 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.

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.

2. Names an	d addresses of officers and/or directors: (Street address ONLY - P.O. Box I	NOT acce	eptable)			
A. DIRECTO	ORS (Street address only - P.O. Box NOT acceptable)		2.5			
Chairman:	Michael D. ARAMA, ESQ.					
ddress:	4595 Noutilus Drive	-	-: -:			
	Mioni Beach, Florda 33140					
	n:					
			7100			
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irector:		····				
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OFFICE	RS (Street address only - P.O. Box NOT acceptable)					
esident:	Michael D. ARAMA, ESQ.		- T			
ddress:	4595 Nauthus Drue	,,,t . ·		AM 65	-	
	Minni Beach Florida 33140		- SS	26	Section 2	
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cretary:	LISA STAMMENGER		=			
	6422 Collins Avenue, # 1603					
	Mironi Back 1 Florida 3314/					
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OTE: If nec	essary, you may attach an addendum to the application listing additional off	ficers and	or director	s.	-, - -	
· <u></u>			<u></u>			مَا د ک
	(Signature of Chairman, Vice Chairman, or any officer listed in number 1:		_			
•	Millial D. ARAMA, PRESIDENT & CI	Larra	2			-



CORPORATE CHARTER

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that **ELECTRONIC PROCESSING LEASING, INC.** did on **March 12, 1999** file in this office the original Articles of Incorporation; that said Articles are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on March 12, 1999.

Secretary of State

Certification Clerk

PILED 19 MAR 26 AM 9: 13 CORE DATE DE STATE