

F99000002006

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Envision Support, Inc.
(Name of corporation - must include suffix)

500002726695--1
-12/30/98--01073--004
****250.00 ****250.00

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:

Keith Kirby
(Name of Person)

Envision Support, Inc
(Firm/Company)

P.O. Box 360037
(Address)

Tampa, FL 33673-0037
(City/State/Zip)

W98-29287

Should you need to call someone concerning this matter, please call:

Keith Kirby at (813) 251-3528
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 19 AM 11:14

4/19



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 31, 1998

KEITH KIRBY
ENVISION SUPPORT, INC.
P.O. BOX 360037
TAMPA, FL 33673-0037

SUBJECT: ENVISION SUPPORT, INC.
Ref. Number: W98000029287

We have received your document for ENVISION SUPPORT, INC. and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 898A00061128



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 18, 1999

KEITH KIRBY
ENVISION SUPPORT, INC.
P.O. BOX 360037
TAMPA, FL 33673-0037

SUBJECT: ENVISION SUPPORT, INC.
Ref. Number: W98000029287

We have received your corrected application; however, the certificate of existence has still not been submitted.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 799A00007429

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:*

1. **ENVISION SUPPORT, 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.)

2. **DELAWARE**

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

3. **59-3491339**

(FEI number, if applicable)

4. **JANUARY 6, 1998**

(Date of Incorporation)

5.

PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. **1/19/98**

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

7. **P.O. BOX 360037**

TAMPA, FL 33673

(Current mailing address)

8.

Assist businesses with the definition of information services needs and provide solutions for those needs
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: **Corporation Service Company**

Office Address: **1201 Hays Street**

Tallahassee

, Florida,

32301

(Zip Code)

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.

Corporation Service Company

By:

Vicki Schreiber

(Registered agent's signature)

Vicki Schreiber, Asst Vice President

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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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32301

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

A. DIRECTORS (Street address only - P.O. Box **NOT** acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box **NOT** acceptable)

President: Keith Kirby

Address: 1000 W. HORATO #229

Tampa, FL 33609

Vice President: _____

Address: _____

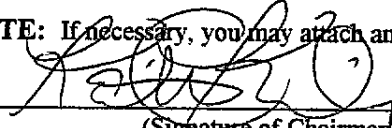
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Keith Kirby President and Owner
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENVISION SUPPORT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF APRIL, A.D. 1999.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 19 AM 11:14



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

2842005 8300

991138939

AUTHENTICATION:

9683092

DATE:

04-13-99