To: Qualification/Tax Lien Section Division of Corporations

Division of Corporations		
SUBJECT: VISUALFLEX	Tic.	—
· · · · · · · · · · · · · · · · · · ·	ration - must include suffix)	
Dear Sir or Madam:	, . ,	
	Co. Acad of adjust to Mission A.	Day 10 1 201 1 101
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted transact business in Florida.		· · · · · · · · · · · · · · · · · · ·
Please return all correspondence concerning this ma	atter to the following:	
RON OTTERS		-05/28/9301088005 ******78.75 *****78.75
(Nam	ne of Person)	
VISUALFLEX INC.		W99-12722
	n/Company)	
3760 HIGH ANN T	Srive - 4th FLOOR	
	Address)	
= SALTLAKE CUTY	HT 84106	-
	//State/Zip)	
		- 1d, /,
Should you need to call someone concerning this matter, please call:		AFEC 99 YOU
		AR I I
LON OTTERSTROM at (80	1 7 273 - 3363.	SSS ON T
(Name of Person) (A	Area Code & Daytime Telephor	ne Number) S
	· · ·	
CERTIFIE ADDRESS.	MAN DIG ADDREGG	IDA 34
STREET ADDRESS:	MAILING ADDRESS:	
Qualification/Tax Lien Section	Qualification/Tax Lien S	ection
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327	name of per PLT
Tallahassee, FL 32399	Tallahassee, FL 32314	· · · · · ·
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	3 \$87.50 Filing Fee, Certificate of Status &



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 2, 1999

RON OTTERSTROM VISUAL FLEX INC. 3760 HIGHLAND DRIVE - 4TH FLOOR SALT LAKE CITY, UT 84106

SUBJECT: VISUAL FLEX INC. Ref. Number: W99000012722

We have received your document for VISUAL FLEX INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 999A00029880

1) Continues lopey or ART. OR CORP.

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. VISUAL FLEX 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.)
The state of property
2. UTAH (State or country under the law of which it is incorporated) 3. 87-0572348 (FEI number, if applicable)
(State of country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/25/97 5. PERPETURL
4. 11/25/97 5. PERPETURE (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6 June 15 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3760 HIGHLAND DRIVE - HTH FLOOR
SALT LAKE CUTY, UTAH 84106
(Current mailing address)
8. HIRE EMPLOYEES TO PERFORM CUSTOM PROGRAMMING.
(runpose(s) of corporation authorized in home state or country to be carried out in state of Floriday Co
the state of the s
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Tee SANTILLI
Office Address: 101 G. KENNARY #300
TO CONTRACT TO STATE OF THE STA
TAMPA Florida 331002
TAMOA, Florida, 33602 (Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to good to see the second service of
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
2 V PO VISIONO UI WII SIULULES I CLULIVE III INP. NENNOT ANA COMPLAIA PARECUMA COMPLAIA - C 1 1 V V V V V V V V V V V V V V V
and accept the obligations of my position as registered agent.
× //x Sultal
(Registered agent's signature)
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 begins and the Secretary of Sta
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.

DIRECTORS (Street address only - P.O. Box NOT acceptable)	
airman:	
dress:	
ce Chairman:	-
dress:	
ector:	
dress:	
ector:	
dress:	
OFFICERS (Street address only - P.O. Box NOT acceptable)	99 TAI
sident: JOE SANTILLI	F. S. S. T.
iress: 7365 COMSTOCK CHELE	
SALTLAKECITY, UT 84121	The E to
e President:	6 3L
lress:	-
retary: BRENT CHRISTENCEN - P.B.L. (ATTORNEY))
Iress: 201 South MAIN Sure 1800	
SALT LAKE CITY, LIT 84111	
asurer: JOE SANTILLI	
ress: See ABOVE	
	100
TE: If necessary, you may attach an addendum to the application listing additional of	SEcond on Alan dimension
Wellast A approach instring additional of	ATTOOLS ALLEVOL ULLCUIDIS.
(Signature of Chairman, Vice Chairman, or any officer listed in number	12 of the application)

(Typed or printed name and capacity of person signing application)

ATE OF UTAH -

06/04/99

TE OF UTAH - DEPARTMENT OF COMMER CERTIFICATION OF GOOD STANDING

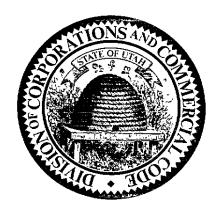
16:50:14 |

THE UTAH DI

OF UTAH. A CERTIFICATE OF TO 11-25-1997 AND SAID CORPORATI IN THE OFFICES OF THE DIVISION

THIS CERTIFICATION IS NOT VALID UNLESS PRINTED ON PAPER DISPLAYING THE STATE SEAL IN BLUE, THE DIVISION SEAL IN GOLD, AND THE DIVISION DIRECTOR'S SIGNATURE.

DATED THIS 4TH DAY



Lerena P. Riffo Division Director of

Corporations and Commercial Code