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		7*E*7 . E _		Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File 99	
				L.C. File 9	us.
				Fictitious Name File 3	
				Trade/Service Mark 3	2
				Merger File 39	λ <u>τ</u>
				Art. of Amend. File	
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
			l,	Cert. Copy	
				Photo Copy	
				Certificate of Good Standing	_ ;
				Certificate of Status	
				Certificate of Fictitious Name	_
				Corp Record Search	
		had 1	<i>F</i>	Officer Search RATE -	لار
		11/11	3/99	Fictitious Search	
Signature			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Fictitious Owner Search	
				Vehicle Search	
				Driving Record	
Requested by:	14/13	1:09	·	UCC 1 or 3 File	
Name		Time		UCC 11 Search	
TAUTIE	Date	THIC		UCC 11 Retrieval	

Walk-In

Will Pick Up

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA** IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Solutions (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. 22 -(Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual") (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) Name: Capital Connection, Inc. Office Address: 417 E. Virginia Avenue 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.

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.

(Registered agent's signature)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	200
Chairman:	<u> </u>
Address:	8
	13 G
	2 000
Vice Chairman:	<u> </u>
Address:	3
	" "
Director:	
Address:	·
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: <u>Aaron Vargo</u>	
Address: 453 Winterthur Way	
Highlands Ranch CO 80126	
Vice President: Uan Ing Vargo	
	
Secretary: <u>Jakine Vargo</u>	
Address: Same	
- de suas lla rom	<u></u>
Treasurer: <u>Oanine</u> Vargo	·
Address: Same	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors	3.
13. Januare Vango, IP	-
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. Vanine Vargo, Vice President	
(Typed or printed name and capacity of person signing application)	

State of Delaware

Office of the Secretary of State

PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY_"DIMENSIONAL SOLUTIONS 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 THIRTIETH DAY OF
SEPTEMBER, A.D. 1999.

Edward J. Freel, Secretary of State

- AUTHENTICATION:

DATE: 0000097

- 09-30-99

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