

F02000003561

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

7/11

SUBJECT: Ferraro Consulting, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

FOR CORP

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:

MJH

Nicoletta Ferraro Tiekew
(Name of Person)

600006330856-7
-07/11/02--01041--013
*****87.50 *****87.50

Ferraro Consulting, Inc.
(Firm/Company)

5110 Somerville Drive
(Address)

Viera FL 32955
(City/State and Zip code)

For further information concerning this matter, please call:

Nicki Tiekew at (321) 633-7559
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
02 JUL 11 PM 12:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
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
- \$87.50 Filing Fee, Certificate 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.

1. FERRARO CONSULTING, 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. WYOMING 3. 83-0330376
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04.21.2000 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 5110 Somerville Dr. Viera FL 32955
(Principal office address)
5110 Somerville Dr Viera FL 32955
(Current mailing address)

8. Provide consulting services to organizations conducting clinical research
(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: Nicoletta Ferraro Tiekew

Office Address: 5110 Somerville Drive

Viera, Florida 32955
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUL 11 PM 12:37

FILED

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.

Nicoletta Ferraro Tiekew
(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 having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Nicoletta Ferraro Ticken

Address: 5110 Somerville Drive
Viera FL 32955

Vice Chairman: same as Chairman

Address: _____

Director: same as Chairman

Address: _____

Director: same as Chairman

Address: _____

B. OFFICERS

President: Nicoletta Ferraro Ticken

Address: 5110 Somerville Drive
Viera FL 32955

Vice President: same as President

Address: _____

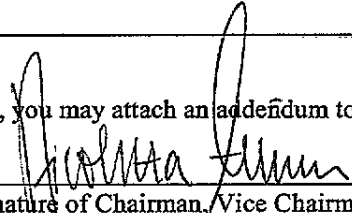
Secretary: same as President

Address: _____

Treasurer: same as President

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. Nicoletta Ticken, President
(Typed or printed name and capacity of person signing application)

State of Wyoming

Office of the Secretary of State



United States of America,
State of Wyoming } ss.

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that according to the records in the office of the Secretary of State of Wyoming, FERRARO CONSULTING, INC. is a corporation organized under the laws of the State of Wyoming, whose date of incorporation is 04/21/2000; and whose period of duration is perpetual.

I FURTHER CERTIFY that this corporation has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and that Articles of Dissolution have not been filed, thus making the corporation in existence in the State of Wyoming.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 4th day of June A.D., 2002.



Joseph B. Meyer

Secretary of State

By *Josh Nighawonger*
