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(Requestor's Name)	
(Address)	-
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Dusinger Entity Name)	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
	7
Special Instructions to Filing Officer:	١
	_]

Office Use Only



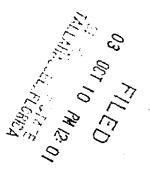


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UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

HOLD FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

October	10,	2003
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(S):

FILING & SEARCH		October 10, 2003
SERVICES	CC .ccuPoll, I	DRPORATION NAME (S) AND DOCUMENT NUMBER (
Filing Evidence ☑ Plain/Confirmation	Сору	Type of Document ☐ Certificate of Status
☐ Certified Copy		□ Certificate of Good Standing
		□ Articles Only
Retrieval Request Photocopy	ţ	 All Charter Documents to Include Articles & Amendments Fictitious Name Certificate
□ Certified Copy		□ Other
NEW FILINGS		AMENDMENTS
Profit		Amendment
Non Profit		Resignation of RA Officer/Director
Limited Liability		Change of Registered Agent
Domestication		Dissolution/Withdrawal
Other		Merger
OTHER FILINGS		REGISTRATION/QUALIFICATION
Annual Reports	X	Foreign
Fictitious Name		Limited Liability
Name Reservation		Reinstatement
Reinstatement		Trademark
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Other

TRANSMITTAL LETTER

TO: Registr	ntion Contin						ا خارج	23	
	ration Sections on of Corpora						F. T.	g	11
	•								1
SUBJECT: 4	AccuPoil, Inc						. کن . منط		- [\]
		(Nam	e of corpora	ition - mu	st include suffi	x)	, Š	3	<u>.</u>
Dear Sir or Ma	dam:						Ĭ	OCT 10 PAIR	50
The enclosed "." "Certificate of it to transact busi	Existence",	and check are					usiness in Flo	rida",	
Please return al	ll correspond	ience concern	ing this ma	tter to the	following:				
Frank Wiebe					, .		**		
-			(Name	of Persor	1)				-
AccuPoll, Inc.									
			(Firm/	Company))				_
15101 Red Hill	Ave., Suite	220 _							
			(A	ddress)				-	_
Tustin, CA 927	'80							,	
			(City/Sta	te and Zip	code)				-
For further info	ormation con	cerning this n	natter, pleas	se call:					
Frank Wiebe			at (949) 200	-4000 x102				
(Name	of Person)		(Are	a Code &	Daytime Tele	phone l	Number)	-	
				•					
STREET ADE Registration Se Division of Cor 409 E. Gaines S Tallahassee, FL	ection rporations St.			Regis Divis P.O.	tration Section ion of Corpora Box 6327 hassee, FL 32	n itions			
Enclosed is a cl	heck for the	following am	ount:						
□ \$70.00 Filin	ıg Fee 🗷	\$78.75 Filin Certificate			5 Filing Fee & fied Copy	J	\$87.50 Filin Certificate Certified C	of Status	: &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

EGISTER A FO			
(Name of corpo words or abbre		early	TATUTES, THE FOLLOWING IS SUBJECTED TO BUSINESS IN THE STATE OF FLORIDA TO THE STATE OF THE S
Delaware		_ 3.	33-0979287
(State or country	y under the law of which it is incorporated)		(FEI number, if applicable)
August 9, 200	ri , ,	5.	Perpetual
(Da	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
Upon qualific	ation		
(Date first trans			transacted business in Florida, insert "upon qualification.", 607.1502 and 817.155, F.S.)
15101 Red H	ill Ave., Suite 220, Tustin, CA 92780		
	(Principal office	add	ress)
15101 Red H	ill Ave., Suite 220, Tustin, CA 92780		
	(Current mailing	add	recc)
			1030)
			1033)
	ronic voting system		
	onic voting system (s) of corporation authorized in home state of		
(Purpose	(s) of corporation authorized in home state of	or co	
(Purpose	(s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)
(Purpose Name and st Name:	(s) of corporation authorized in home state of reet address of Florida registered age NRAI Services, Inc.	or co	ountry to be carried out in state of Florida)
(Purpose Name and st Name:	(s) of corporation authorized in home state of reet address of Florida registered age	or co	ountry to be carried out in state of Florida)
(Purpose Name and st Name:	(s) of corporation authorized in home state of reet address of Florida registered age NRAI Services, Inc.	or co	ountry to be carried out in state of Florida)
(Purpose Name and st Name:	(s) of corporation authorized in home state of reet address of Florida registered age NRAI Services, Inc. 526 E. Park Avenue	or co	ountry to be carried out in state of Florida) (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose Name and st Name: ffice Address:	(s) of corporation authorized in home state of reet address of Florida registered age NRAI Services, Inc. 526 E. Park Avenue Tallahassee (City)	or co	ountry to be carried out in state of Florida) (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)
(Purpose Name and st Name: Office Address:	(s) of corporation authorized in home state of reet address of Florida registered age NRAI Services, Inc. 526 E. Park Avenue Tallahassee (City) agent's acceptance:	nt:	puntry to be carried out in state of Florida) (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose Name and st Name: Office Address: O. Registered Varing been na esignated in th	(s) of corporation authorized in home state of reet address of Florida registered age NRAI Services, Inc. 526 E. Park Avenue Tallahassee (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the apple	nt:	ountry to be carried out in state of Florida) (P.O. Box or Mail Drop Box NOT acceptable) , Florida 32301 (Zip code) ice of process for the above stated corporation at the ment as registered agent and agree to act in this cap
(Purpose Name and st Name: Office Address: O. Registered Laving been na esignated in the orther agree to	(s) of corporation authorized in home state of reet address of Florida registered age NRAI Services, Inc. 526 E. Park Avenue Tallahassee (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the application of all statu	nt:	puntry to be carried out in state of Florida) (P.O. Box or Mail Drop Box NOT acceptable)
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(Purpose Name and st Name: Office Address: O. Registered Iaving been na esignated in the urther agree to uties, and I am	(s) of corporation authorized in home state of reet address of Florida registered age NRAI Services, Inc. 526 E. Park Avenue Tallahassee (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the application, I hereby accept the application of all status of familiar with and accept the obligation.	nt:	puntry to be carried out in state of Florida) (P.O. Box or Mail Drop Box NOT acceptable)

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: Dennis Vadura Address: 15101 Red Hill Ave., Suite 220, Tustin, CA 92780 Vice Chairman: Address: Director: Frank Wiebe Address: 15101 Red Hill Ave., Suite 220, Tustin, CA 92780 Director: Andreea M. Porcelli Address: Largo Quinti Alpini 12, 2 Plano Millan 20145, Italy **B. OFFICERS** President: Frank Wiebe Address: 15101 Red Hill Ave., Suite 220, Tustin, CA 92780 Vice President: Secretary: Frank Wiebe Address: 15101 Red Hill Ave., Suite 220, Tustin, CA 92780 Treasurer: Frank Wiebe Address: 15101 Red Hill Ave., Suite 220, Tustin, CA 92780 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Frank Wiebe President

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCUPOLL, 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 NINTH DAY OF OCTOBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCUPOLL, INC." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Warriet Smith Windson Secretary of State
AUTHENTICATION: 2682821

3413841 8300 030652712

DATE: 10-09-03