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TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: NLS Enterprises, Inc.
(Name of corporation - must include suffix)

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:

Sarah Marquez-Peiman
(Name of Person)
NLS Enterprises, Inc.
(Firm/Company)
124 Hidden Oak Drive
(Address)
Longwood FL 32779
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Should you need to call someone concerning this matter, please call:

Sarah Marquez-Peiman at 407, 788 6064 W-17923
(Name of Person) (Area Code & Daytime Telephone Number)

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



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 18, 2000

SARAH M. PEIMAN
124 HIDDEN OAK DRIVE
LONGWOOD, FL 32779

SUBJECT: NLS ENTERPRISES INC
Ref. Number: W00000017923

00 JUL 25 PM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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We have received your document for NLS ENTERPRISES INC and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 100A00039254

RESOLUTION OF BOARD OF DIRECTORS
(Please print or type)

I, the undersigned Sarah Marquez-Peiman, do hereby certify
(Name)

that this Resolution of the Board of Directors of NLS Enterprises, Inc.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Delaware

was duly adopted on June 20, 2000

Be it resolved, that NLS Enterprises, Inc.
(Corporate Name)

organized and existing in the State of Florida, hereby adopts the name

NLS Enterprises OF FL, Inc. for use in Florida.

Dated: 7/21/00

Sarah Marquez-Peiman
Signature of either Chairman, Vice Chairman or any officer

Sarah Marquez-Peiman
Type or print Name

FILED
JUL 25 PM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. NLS Enterprises, Incorporated.
(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, USA 3. applied for
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/20/2000 5. _____
(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. a. 124 Hidden Oak Drive Longwood FL 32779
(Principal office address)
- b. 124 Hidden Oak Drive Longwood FL 32789
(Current mailing address)
8. Consulting
(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: Sarah Marquez Peiman
- Office Address: 124 Hidden Oak Drive
Longwood, Florida 32779
(Zip code)

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JUL 25 PM 2:24
SECRETARY OF STATE
TAMPA FLORIDA

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.

Sarah Marquez Peiman
(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: Neil Perman

Address: 104 Hidden Oak Drive
Longwood FL 32779

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Sarah Marquez-Perman

Address: 104 Hidden Oak Drive
Longwood FL 32779

Vice President: Neil Perman

Address: 104 Hidden Oak Drive
Longwood FL 32779

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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SECRETARY-C-STATE
TALLAHASSEE FLORIDA

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

13. Neil M. Perman, Chairman, VP
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sarah Marquez-Perman, President
(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 "NLS ENTERPRISES, 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 FIFTH DAY OF JULY, A.D. 2000.

FILED
00 JUL 25 PM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION: 0539685

DATE: 07-05-00