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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1 Control Co.	
(Name of corpora	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation f "Certificate of Existence", and check are submitted to to transact business in Florida.	
Please return all correspondence concerning this man	tter to the following:
(Name	of Person)
1 Control Co.	**************************************
(Firm/	Company)
2699 Stirling Road, & C.	30/
(Ac	ddress)
Ft. Landerdolf PL 33	33/2
(City/Star	te and Zip code)
	%
For further information concerning this matter, pleas	
Han Balbergan at (30) (Name of Person) (Are	ra 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 Tallahassec, 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 & \$87.50 Filing Fee, Certified Copy 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.

1Control Co.	
(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.)	
11-11	
2. Neisela 3. 03-049/677	
2. Neutral 3. O3-049/677 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
11/2/20	
4. 11/20/02 5. DROPSVA	
4. ///20/02 5. Of perval (Duration: Year corp. will cease to exist or "perpetual")	
6. Upp 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. 2/099 Stirling Rd., Suite C.301, Ft. Lauderdale, FL 333/2 (Principal office address)	
(Principal office address)	
Same	
(Current mailing address)	
8. Computer hardware & Software Sales	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
And the second s	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	•
Acon Barbane David 1 Cambral Ca.	
Name: Market Boarderger, Victory, 1 Common Cor	
7/00 CEL 01 KC71	
Office Address: 2699 Stirling Rd., *C301	
アイノ / / / コー ファフィク 開発 切	
Ft Laudedele, Florida 333/2 (City) (Zip code)	
(City) (Zip code)	
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation at the pla	
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacit	y. 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.	

(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 Bastbergen Chairman: Hacon Vice Chairman: \_\_ Black FL 33140 Director: \_ Address: Director: Address: B. OFFICERS Boalbergen Vice President: Knhl Address: \_ Secretary: Milimi Beach Pl 33/40 Address: Treasurer: Address: \_ 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)

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



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that i am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **1 CONTROL CO.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 14, 2002, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on January 17, 2003.

DEAN HELLER Secretary of State

Den Helle

Certification Clerk