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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : T20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
THE MYSTERY SYSTEM, INC.

Certificate of Status	0
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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. THE MYSTERY SYSTEM, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 13-3901375
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/18/1996 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration)
(SER SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 854 WHITE PLAINS RD SCARSDALE NY 10583
(Principal office address)

854 WHITE PLAINS RD SCARSDALE NY 10583
(Current mailing address)

8. ANY LAWFUL PURPOSE
(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 NOT acceptable)

Name: A1A REGISTERED AGENT INC

Office Address: 92 SADBERRY RD

QUINCY, Florida 32351
(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 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.

[Handwritten signature]

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: RONALD A. LAWRENCE

Address: 854 WHITE PLAINS RD

SCARSDALE NY 10583

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. ✓ 
(Signature of Director or Officer listed in number 12 of the application)

14. RONALD A. LAWRENCE, PRESIDENT
(Typed or printed name and capacity of person signing application)

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**State of New York } ss:
Department of State**

I hereby certify, that the Certificate of Incorporation of THE MYSTERY SYSTEM, INC. was filed on 07/18/1996, with perpetual duration, and that a diligent examination has been made of the Corporate Index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 29th day of May two
thousand and seven.*



Special Deputy Secretary of State

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