## 6000004338

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION **DIMSION OF CORPORATIONS** 

Division of Corporations

Tallahassee, FL 32399

409 E. Gaines St.

100001993221 -08/27/96--01119--006 +\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: USYS, INC.	- must include auffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign C Florida", "Certificate of Existence", and foreign corporation to transact business in	Clifick Big Populitres to 108-049,	ove referenced
Please return all correspondence connerni	ing this matter to the following:	
RENDAN (Name of Pere  VSYS , INC.  (Firm/Compan  18440 NE 21  (Address)  NMB , FL 33  (City, State and Zip	wi cr	-1803
Should you need to call someone concern  ALICIA BALWAH or  BRENDAN GRAHAM at	ning this matter, please call:  808 - 327 - 7486 EAT#6	26 HE 8123
(Name of Person)	Area Code & Daytime Telephone Number  408 908 949 9118	FILI SECRETARY DIVISION OF OL 96 AUG 23
COURIER ADDRESS: Qualification/Tax Lien Sec.	MAILING ADDRESS: Qualification/Tax Lien Sec. Division of Corporations	PH 2: 39

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

## 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:

	ust include the word INCORPORATED on the language as will clearly indicate to contained in the name at present.)  E. USA.  The law of which it is incorporated.		
(Same or country under t	ne law of which it is incorporated)	( FEI number, if applicable	o)
. JUNE 2	7 , 1996 5(Duration	PERPETUAL	st or Thernetisi's
(Date of Incorpora	ition) (Duration)	Affit Colb: Anii Chasa m av	stor perpension
JUNE 2	7, 1996 siness in Florids. (See sections 607,1501, 00	7.1502 and 817.166, F.S.)	
18440 NE			
		<u></u> -	
North Mian	Current mailing address)	9	
INVOLVED INT	HE FIELD OF ELECTRA ation authorized in home state or coun	NIC / ELECTRICA	L ENGINEER,
(Purpose(s) of corpor	ation authorized in home state or coun	try to be carried out in the s	tata of Florida)
Name and street	address of Florida registered	agent:	n
. Name and street		agent:	tage of Florida)  DIVISION SEC
. Name and street	ne: BRENDAN G-RAY	agent: IAM	ervision 96 Aug
. Name and street	ne: BRENDAN G-RAY	agent: IAM	ervision 96 Aug
. Name and street	ne: BRENDAN G-RAY	agent: IAM	ervision 96 Aug
. Name and street Nar	address of Florida registered ne: <u>BRENDAN G-RAH</u>	agent: IAM	ervision 96 Aug
Name and street  Nar  Office Addre	ne: BRENDAN G-RAF ss: 18440 NE 21 CT North Miami Beach nt's acceptance:	agent: /AM . k, Florida , _	SECRETARY OF STATE DIVISION OF SUCCESSION OF SUCCESSION OF STATE AT THE SUCCESSION OF
Name and street Nar Office Addres	ne: BRENDAN G-RAF ss: 18440 NE 21 CT North Miami Beach nt's acceptance:	agent:  IAM, Florida , _	SECRETARY OF STATE DIVISION OF CONTRATION OF STATE OF CONTRATION OF STATE O
Name and street  Name Office Addres  O. Registered age faving been named apporation at the plant and agent and agent and	ne: BRENDAN G-RAP ss: 18440 NE 21 CT North Miami Beac nt's acceptance: as registered agent and to acceptance to act in this appairty. If to the proper and complete per	agent:  IAM  Florida,  St service of process form, I hereby accept to comply formance of my dutie	SECRETARY OF STATE DIVISION OF CONTRATION OF STATE  95 AUG 239 PM 2: 39 Code)  22 39 Code)  23 37 PM 2: 39 Stated  24 Special of the appointment as with the provisions
Name and street  Name  Office Addres  O. Registered age  faving been named apporation at the plant and agent	ne: BRENDAN G-RAP ss: 18440 NE 21 CT North Miami Beach nt's acceptance: as registered agent and to acceptance designated in this applicate agree to act in this capacity. I full to the proper and complete per bligations of my position as registered.	agent:  IAM  Florida,  of service of process foin, I hereby accept to comply formance of my dutients agent.	SECRETARY OF STATE DIVISION OF CONTRATION OF STATE  95 AUG 239 PM 2: 39 Code)  22 39 Code)  23 37 PM 2: 39 Stated  24 Special of the appointment as with the provisions
Name and street  Name  Office Addres  Office Addres  Name  Office Addres  Name  Office Addres	ne: BRENDAN G-RAP ss: 18440 NE 21 CT North Miami Beac nt's acceptance: as registered agent and to acceptance to act in this appairty. If to the proper and complete per	agent:  IAM  Florida,  of service of process foin, I hereby accept to comply formance of my dutients agent.	SECRETARY OF STATE DIVISION OF CONTRATION OF STATE  95 AUG 239 PM 2: 39 Code)  22 39 Code)  23 37 PM 2: 39 Stated  24 Special of the appointment as with the provisions

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. Namo	s and addresses of officers and/or directors: (Street ess ONLY- P. O. Box NOT acceptable)
	CTORS (Street address only- P. O . Box NOT acceptable)
	BRENDAN GRAHAM
	18440 NE 21 CT
NULL BB3 :	NMB, FL 33179
Vice Chair	man:
Address: _	
Director:	BRENDAN GRAHAM
Address:	18440 NE ZICT
	NMB , FL 33179
	ALICIA BALWAH
	18440 NE 21CT
	NMB , FL 33179
B.OFFICERS	(Street address only- P. C. Box NOT acceptable)
	BRENDAN GRAHAM
	18440 NE 21CT
	NMB, FL 33179
Vice Presi	ident:
Address: _	
_	
Secretary	
Address:	•
*****	
Treasurer	
Address:	
NOTE: If	necessary, you may attach an addendum to the application iditional officers and/or directors.
13. <u>(2)</u>	hature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. <u>B</u> 1	RENDAN G-RAHAM ALICIA BALWAH ed of printed name and capacity of person signing application)

## State of Delaware Office of the Secretary of State

1. EDWARD J. FREEL. SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "USYS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXTSTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF AUGUST. A.D. 1996.



Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

8072613

960241278

8300

2637934

DATE:

08-19-96