F9900000 4550

TRANSMITTAL LETTER

To: Registration Section Division of Corporations		
SUBJECT: FALIR	ON INC	•
(Name of corporation	n - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for a "Certificate of Existence", and check are submitted to retransact business in Florida.	egister the above referenced	foreign corporation to
Please return all correspondence concerning this matter	to the following:	0029501799 08/04/9901053015 *****87.50 *****87.50
NICK CHRIST. (Name of	ODOWLOU	= w99-18267
	LON INC	
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ZZST GULT (Addr	TO BAY	BLUD
(Addr	ess)	5 = 2
CLEKICOHIE!	<u> </u>	3765° 3
(City/State	e/Zip)	
Should you need to call someone concerning this matter	, please call:	9
Name of Person) (Area (727)	799989	Z 35 5
(Name of Person) (Area	Code & Daytime Telephone	Number) Wh
•	<i>,</i>	9/
STREET ADDRESS:	MAILING ADDRESS:	'/2
Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	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

August 6, 1999

NICK CHRISTODOULOU FALIRON INC 2257 GULF TO BAY BLVD CLEARWATER, FL 33765

SUBJECT: FALIRON INC. Ref. Number: W99000018267

We have received your document for FALIRON INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please list the street address of each officer/director.

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: 599A00039918

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.
FALIRON INC
(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 3. 59-3589649. (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. TIPETUAL (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6. Dunt 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. 2757 GULF TO BAY BUUD, CLEARWATER FL. (Principal office address)
b. <u>SAME</u> (Current mailing address)
8. PESTAURANT (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: NICK CHRISTODOULOU
Office Address: 2257 GULF TO BAY BUUD
(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. (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:

	ECTORS
Chairmar	1: NICK OHRISTODOULON
Address:	160 95 AU. TREASURE ISCAND FLE
Vice Cha	ıirman:
Address:	
Director:	
Address:	
Director:	
Address:	9
B. OFF	ENICK CHRISTODOULOU
	160 95 AU TREASURE ISLAND FL 33706
Vice Presi	ident: RICK CARISTODOWLOCK
Address:	160 95 AU TREASURE ISLAND FL 33706
Secretary:	Nick CHIZISTODOULOU
Address:	las ac a my tell
Freasurer:	
Address:	160 95 AU. TREASURE ISCAND FL 33706
NOTE:	If necessary, you may attach an addendura to the application listing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	MICIL CHRISTOPOCULOU PRESIDENT. (Typed or printed name and capacity of person signing application)
	(1) year or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FALIRON INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO EAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JULY, A.D. 1999.

99 SEP -2 M1 9: 05

3071222 8300

991311281



Edward J. Freel. Secretary of State

AUTHENTICATION:

07-28-99

DATE

991311281