F96000005940

(Name of corporation - must include suffix)

TO:

SUBJECT: _

COURIER ADDRESS:

Division of Corporations

Tallahassee, FL 32399

409 E. Gaines St

Qualification/Tax Lien Sec.

Qualification/Tax Lien Section Division of Corporations

	(rame of corporation - must metade surrey	1000020038310 -11/13/9601189021	
Dear Sir or M	adam:	*****78.75 *****78.25	
The enclosed Florida", "Cer foreign corpor	"Application by Foreign Corporation for Authorization tificate of Existence", and check are submitted to registration to transact business in Florida.	to Transact Business in er the above referenced	
Please return	all correspondence concerning this matter to the following	ng:	
	ROBERT LIPTON (Name of Person)		
	ROBLI CONP		
	WOOLBNIGHT HUFFSIL ZZ40 WOOLBNIGHT Rd	WAS BIAG SUITE 331	
	BOYNTON BEACH F		
	(City/State/Zip)		
Should you need to call someone concerning this matter, please call: ROBENT LIPTON (Name of Person) (Area Code & Daytime Telephone Number) 161-374-6160 FL#			
	561-	374-6160 FLE	

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

Qualification/Tax Lien Section

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 ROELT COMP			
(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. STATE OF SELAUARE 3. 11-2826911 (State or country under the law of which it is incorporated) (FEI number, if applicable)			
(TEI number, it applicable)	밀		
4. SEP 22 1986 (Date of Incorporation) 5. PENTETRAL EXAMPLE (Duration: Year corp. will cease to exist a second control of the control of th	VISION SECRE		
(Date of Incorporation) (Duration: Year corp. will cease to exister with cease to exist with cease with cease to exist w	FIL		
6. DECEMBER 1996 (Date first transacted business in Florida, (SEB SECTIONS 607,1501, 607,1502, AND 817,155, P.S.) =	- 22 22 23 25 25 25 25 25 25 25 25 25 25 25 25 25		
(Date institutional outriess in Florida, (See Sections 607, 1301, 607, 1302, AND 817, 133, F.S.)	ATE		
7. WOOLBRIGHT PROFESSIONAL BUILDINGS 7240 WOOLBRIGHT RA SVITE 331 BOYNTON BETTELL 33476 (Current mailing address)	- 55		
(Current mailing address)	-		
8. Sole of PARTS & Equipment To ELECTRIC UTILITIES (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)			
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)			
Name: ROBERT LIPTON			
Office Address: 2740 WOOLBNIGHT Rd; SUITE 341 BOYNTON BEACH, Florida, 33476 (Zip Code)			
BOYNTON BEACH, Florida, 33476	33/		
10. Registered agent's acceptance: (Zip Code)			
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 addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: ___ Address: _ FLORIDA 33426 Vice Chairman: Address: _ Director: _ Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: 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. __ Vice Chairman, or any officer listed in number 12 of the application)

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

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROBLI CORP." 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D. 1996.

SECRETARY OF STATE ON SECRETARY OF CORPORATIONS
96 NOV 13 AM 11: 13



Edward J. Freel, Secretary of State

AUTHENTICATION:

___ 8115125

DATE:

09-23-96

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