	(Name of corporation - must include suffix)	· · · · ·
Dear Sir or Madam:		
The enclosed "Applicat and check are submitted	tion by Foreign Corporation for Authorization to Transact Business in Florida", "Certific ed to register the above referenced foreign corporation to transact business in Florida.	eate of Existence",
Please return all corresp	pondence concerning this matter to the following:	04187.
	ANTHONY R. IANNIELLO	01088002 00 _*****70.00
	(Name of Person)	7. £1 \$
	AVEX INDUSTRIES, LTD.	
	(Firm/Company)	- <b>.</b>
	3 DEPOT STREET	
	(Address)	
	HUDSON FALLS, NY 12839	
	HUDSON FALLS, NY 12839 (City/State/Zip)	
Should you need to call	(City/State/Zip)	
Should you need to call	(City/State/Zip)	4 i
KIM ALEKSYNAS	(City/State/Zip) Il someone concerning this matter, please call: Sat <u>518-747-3310 EXT. 104</u>	
KIM ALEKSYNAS	(City/State/Zip)	
KIM ALEKSYNAS	(City/State/Zip) Il someone concerning this matter, please call: Sat <u>518-747-3310 EXT. 104</u>	JALLA JALLA JALLA
KIM ALEKSYNAS	(City/State/Zip) Il someone concerning this matter, please call: Sat <u>518-747-3310 EXT. 104</u> ne of Person) (Area Code & Daytime Telephone Number)	9 DEC
KIM ALEKSYNAS (Nam STREET ADDRESS:	(City/State/Zip) Il someone concerning this matter, please call: Sat _518-747-3310 EXT. 104 ne of Person) (Area Code & Daytime Telephone Number) MAILING ADDRESS:	9 DEC 30
KIM ALEKSYNAS (Nam STREET ADDRESS: Qualification/Tax Lien Division of Corporation	(City/State/Zip) Il someone concerning this matter, please call: Sat 518-747-3310 EXT. 104 me of Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number) MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations	9 DEC 30 AN ECRETARY OF LANASSEE, F
KIM ALEKSYNAS (Nam STREET ADDRESS: Qualification/Tax Lien Division of Corporation 409 E. Gaines St.	(City/State/Zip) Il someone concerning this matter, please call: <u>S</u> at <u>518-747-3310 EXT. 104</u> ne of Person) (Area Code & Daytime Telephone Number) <u>MAILING ADDRESS:</u> <u>A Section</u> ns Division of Corporations P.O. Box 6327	PILED PILED 9 DEC 30 AM 9: ECRETARY OF STR LAUASSEE, FLO
KIM ALEKSYNAS (Nam STREET ADDRESS: Qualification/Tax Lien Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399	(City/State/Zip) Il someone concerning this matter, please call: <u>S</u> at_518-747-3310_EXT. 104 (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number) MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	9 DEC 30 AN ECRETARY OF LANASSEE, F
KIM ALEKSYNAS (Nam STREET ADDRESS: Qualification/Tax Lien Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399	(City/State/Zip) Il someone concerning this matter, please call: <u>S</u> at <u>518-747-3310 EXT. 104</u> ne of Person) (Area Code & Daytime Telephone Number) <u>MAILING ADDRESS:</u> <u>A Section</u> ns Division of Corporations P.O. Box 6327	PILED PILED 9 DEC 30 AM 9: ECRETARY OF STR LAUASSEE, FLO



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 7, 1999

ANTHONY R. IANNIELLO AVEX INDUSTRIES, LTD. 3 DEPOT STREET HUDSON FALLS, NY 12839

SUBJECT: AVEX INDUSTRIES, LTD. Ref. Number: W99000027930

We have received your document for AVEX INDUSTRIES, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

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) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 399A00057563

## 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.

AVEA 1	INDUSIRIES, LID. Company		<u>1</u>	
abbreviatio	corporation; must include the word "INCORPORATE ons of like import in language as will clearly indicate	D", "COMPANY", ' that it is a corporation	'CORPORATION" or wor on instead of a natural per	ds or
partnership	p if not so contained in the name at present.)	-		
2. NEW YC	DRK	2		<u> </u>
(State or	DRK r country under the law of which it is incorporated)	<u></u>	(FEI number, if application	able)
4	10/1/89 5		PERPETTIAL.	
	(Date of incorporation)	(Duration: Year	PERPETUAL r corp. will cease to exist o	or "perpetual")
б	9/2/9	9	· · · · ·	- · + · ·
	9/2/9 (Date first transacted business in Florida.) (SEE SEC	CTIONS 607.1501, 6	07.1502 and 817.155, F.S	.)
7. <u>3</u> DEPO	T STREET	· · · · · · · · · · · · · · · · · · ·	· · ·	:
HUDSON	FALLS, NY 12839			
	(Current mailin	ig address)	······································	
8. TELEPH	ONE SALES OF MEDICAL TANNING U		· ·	···
	(Purpose(s) of corporation authorized in home state	or country to be carr	ied out in state of Florida)	
9. Name and s	street address of Florida registered agent: (P.O. Bo	x or Mail Drop Box	NOT acceptable)	
Name:	RAFAEL TORRICO	n ga Aina a i a _a al ana Kita ani b	~~ 1. 고 문행 ~~ 그는 드	
Office Address:	1260 PALMETTO, SUITE C			999.DEC SECRET
				ARE DEC : :
	WINTER PARK	(Zip c	:ode)	SSE SSE
10. Registered a	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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

	DIRE	CTORS (Street address only - P.O. Box NOT acceptable)			
th Ch	näirman:			•	÷
Ad	ddress:		·		<u> </u>
				<u> </u>	<u> </u>
Vi	ice Chair	nan:			
Ac	ddress:				
Di	irector:	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<del></del>
Ad	ddress:			· · · · <u>_ · · -</u>	
			·····	<u>_</u>	<u> </u>
Di	irector:		<u>.</u>	·	
Ac	ddress:		-		
					<u>-</u>
B.	. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)		÷	
Pr	esident:	JACK F. SPRINGER, JR.		<del>. : : :</del> :	
Ac	ddress:	3 DEPOT STREET		· ···	······
		HUDSON FALLS, NY 12839	· ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Vi	ice Presid	ent: ANTHONY R. IANNIELLO			
Ac	ddress:	805 ROUTE 146 - NORTHWAY NINE PLAZA			
		CLIFTON PARK, NY 12065	SSE E	30	FAR
Se	ecretary:		 	01 - 12 9:	
Ac	ddress:		20		
			<u>A</u>	<u>_</u> _	
Tr	reasurer:		<u> </u>	····	
Ac	ddress:	<u> </u>			
N	OTE: If	necessary, you may attach an addendum to the application listing additional officers and/or dire	ctors.		an 1 181
Ҡ 13	3 <b>k</b>	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appl	ication)		
14	1. ANTF	NONY R. MANNIELLO, VICE-PRESIDENT			
14		(Typed or printed name and capacity of person signing application)		_	

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## State of New York Department of State

I hereby certify, that the certificate of incorporation of AVEX INDUSTRIES, LTD. was filed on 11/08/1989, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in 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 a subsisting corporation.

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Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of November Fone thousand nine hundred and iety-nive. رمی: iy Secretary of State

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