

CAPITOL SERVICES d/b/a PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name) 1406 Hays Street, Suite 2 (Address) Tallahassee, FL 32301 (904) 656-3992 (City, State, Zip) (Phone #)



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OFFICE USE ONLY

1. <u>Fute by Sto</u> Corporation	E(S) & DOCUMENT NUMBE	ER(S) (if known): (Document #)	RECEI 00 FEB - 7 DEPARTIVISION OF COM DIVISION OF COM TALLAHASSE	
2. (Corporation	on Name)	(Document #)		
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(Corporatio	n Name)	(Document #)	ANS	
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Mail out W	/ill wait Photocopy	Certificate of Statu	S	
NEW FILINGS	AMENDMENTS		. <u>.</u> .	
Profit	Amendment			
NonProfit	Resignation of R.A., Officer/D	irector		
Limited Liability	Change of Registered Agent			
Domestication	Dissolution/Withdrawal			
Other	Merger			
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership	BK 21/0		<u>_;</u> _'
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	Trademark Other	Exami	ner's Initials	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING S SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN STATE OF FLORIDA:

1.	FUTEBOLTOTAL, 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. n/a   (State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	January 13, 2000 5. Perpetual
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	Upon Oualification (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7.	20808 N.E. 37Ave., Aventura, Florida 33180
	(Current mailing address)
	Any lawful act or activity for which corporations may be organized under the General <u>Corporation Law of the State of Florida</u> (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:
	Name: Mational Corporate Research Ltd.
	Office Address: 1406 Hays St. Suite 2
	Talabasee, Florida, <u>32301</u> (Zip Code)
Ha de fur	Registered agent acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, d I am familiar with and accept the obligation of my position as registered agent.
•	
	Salling Ho
	(Registered agent's signature) (Officer)
	KALTATERY J. Will Process Agent

(Type Name and Title of Officer)

(FL - 2189 - 11/16/94)

11. Attached is a certificate of existence duly authenticated, not more than 90 days paor 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:

A.	DIR	ECT	ORS

Chairman: Leonardo Scheinkman	9 10HS
Address: 20808 N.E. 37Ave.	· · · · · · · · · · · ·
Aventura, Florida 33180	• <u> </u>
Vice Chairman:	
Address:	
	<u>.</u> .
Director: <u>Eduardo Scheinkman</u>	
Address: 20808 N.E. 37Ave.	
Aventura, Florida 33180	•
Director:	
Address:	
	· · · · · · · · · · · · · · · · · · ·
OFFICERS	· · ·
President: Leonardo Scheinkman	•
Address: 20808 N.E: 37Ave.	····
Aventura, Florida 33180	. <u>.</u>
Vice President: <u>Eduardo Scheinkman</u>	
Address: 20808 N.E. 37Ave.	
Aventura, Florida 33180	
Secretary:	
Address:	

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Treasurer:	
Address:	
NOTE: If necessary, you and/or directors.	u may attach an addendum to the application listing additional officers
13. × I loomand Si	heimlman.

13. X Immun X (M/M/M/M/M/M/M/ (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Leonardo Scheinkman. President (Typed or printed name and capacity of person signing application)

## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY\_"FUTEBOLTOTAL, INC." 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 FIRST DAY OF FEBRUARY,

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID\_"FUTEBOLTOTAL, INC..." WAS INCORPORATED ON THE THIRTEENTH DAY OF JANUARY, A.D. 2000.

AND I DO HEREBY FURTHER\_CERTIFY THAT\_THE FRANCHISE TAXES



Edward J. Freel, Secretary of State

AUTHENTICATION: DATE:

02-01-00

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A.D. 2000. \_\_\_\_