F00000001499

TRAMP	AUNT	
To: Registration Section Division of Corporations		
SUBJECT: DEL-TI Corp. (Name of corporati	DBA Karla D tion - must include suffix)	del Monaco
Dear Sir or Madam:	······································	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	or Authorization to Transact E o register the above referenced	Business in Florida", I foreign corporation to
Please return all correspondence concerning this matt	er to the following:	
David H- (Name)	DelDonie of Person)	DO M.
DEL-II Cure	DRA Korla	Daniel E
4034 Indian	Ircil	PN 4:
(Ad	dress)	
Destin F	1- 32541	
(City/S	tate/Zip)	
Should you need to call someone concerning this matt		0031415699 -02/21/0001107009 *****70.00 *****70.00
David Del Donne at (880 (Name of Person) at (Are	2(4-()10) a Code & Daytime Telephone	2 Ald
•	,	v v
STREET ADDRESS:	MAILING ADDRESS:	F00-1499
Registration Section	Registration Section	Name Availability 2
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327	
Tallahassee, FL 32399	Tallahassee, FL 32314	Document Exemic
Enclosed is a check for the following amount:		Updats 4
Y 250 00 500	☐ \$78.75 Filing Fee & ☐ Certified Copy	Updata \$87.50 Filing Fee Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 24, 2000

DAVID DEL DONIE 4034 INDIAN TRAIL DESTIN, FL 32541

SUBJECT: DEL-II CORPORATION Ref. Number: W00000005068

We have received your document for DEL-II CORPORATION and your check six totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 487-6020.

Tammi Cline Document Specialist

Letter Number: 700A00009985

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. corporation (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.) (Date 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.) (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) Office Address: 4034 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: A. DIRECTORS Chairman: Vice Chairman: Address: __ Director: Address: _

Director:	
B. OFFI	CERS
President:	
Address: _	4034 Indian Trail
	Destin Fl 32541
Vice Presid	ent: SAME
Address: _	I-E Z AA
_	ASS 7
Secretary:	Karla Del Monaro
Address: _	4034 India Trail
-	Destin Fl 32541
Treasurer:	SAME
Address: _	
_	
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.
4	anda Del hanaga David A Dellana -
	(Signature of Chairman, Vice Chairman, or any officer tisted in number 12 of the application)
14	(Typed or printed name and capacity of person storing application)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

DEL-II CORPORATION

A LOUISIANA corporation domiciled at SHREVEPORT,

Filed charter and qualified to do business in this State on October 02, 1998,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 15, 2000

JCO 34691771D Secretary of State

