

FO0000001763

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: DCL INCORPORATED
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LINDA IVERSEN
(Name of Person)
DCL INCORPORATED
(Firm/Company)
31 S. COMPASS DR
(Address)
FT LAUDERDALE, FL 33308
(City/State/Zip)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-03/09/00-01044-013
****87.50 ****87.50

Should you need to call someone concerning this matter, please call:

LINDA IVERSEN at (954) 491-1105
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |
|---|---|--|---|

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 13, 2000

LINDA IVERSEN
DCL INC.
31 S. COMPASS DRIVE
FT. LAUDERDALE, FL 33308

SUBJECT: DCL INC.
Ref. Number: W00000006700

We have received your document for DCL INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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.

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) 487-6917.

Gretchen Harvey
Document Specialist Supervisor

Letter Number: 200A00013853

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RESOLUTION OF BOARD OF DIRECTORS
(Please print or type)

I, the undersigned LINDA IVERSEN, do hereby certify
(Name)

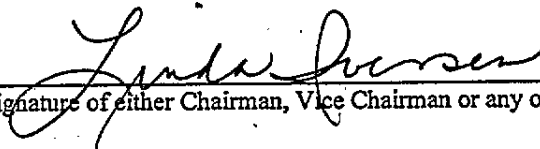
that this Resolution of the Board of Directors of _____
DCL, INC
(Corporate Name)

a corporation duly organized and existing under the laws of the State of Delaware,
was duly adopted on MARCH 22, 2000.

Be it resolved, that DCL, INC.
(Corporate Name)

organized and existing in the State of DELAWARE, hereby adopts the name
DCL, INC. OF DELAWARE for use in Florida.

Dated: 3/22/00


Signature of either Chairman, Vice Chairman or any officer

LINDA IVERSEN
Type or print Name

INHS19(1/00)

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TALLAHASSEE, FLORIDA

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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. DCL INCORPORATED
(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
(State or country under the law of which it is incorporated)
3. 58-2478278
(FBI number, if applicable)
4. JUNE 7, 1999
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 3/01/00
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 31 S COMPASS DR
FT LAUDERDALE, FL 33308
(Current mailing address)
8. CONSULTING
(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: ~~DCL INCORPORATED~~ - LINDA IVERSEN
- Office Address: 31 S COMPASS DR
FT LAUDERDALE, FL, Florida, 33308
(Zip code)

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TALLAHASSEE, FLORIDA

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.

Linda Iversen
(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: ROBERT S IVERSEN

Address: 31 S COMPASS DR
FT LAUDERDALE, FL 33308

Vice Chairman: _____

Address: _____

Director: LINDA IVERSEN

Address: 31 S COMPASS DR
FT LAUDERDALE, FL 33308

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: ROBERT S IVERSEN

Address: 31 S COMPASS DR
FT LAUDERDALE, FL 33308

Vice President: _____

Address: _____

Secretary: LINDA IVERSEN

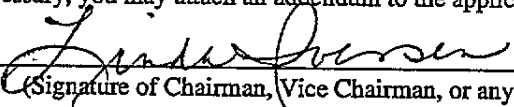
Address: 31 S COMPASS DR
FT LAUDERDALE, FL 33308

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum 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. LINDA IVERSEN - SECRETARY-TREASURER
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DCL 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 TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DCL INC." WAS INCORPORATED ON THE SEVENTH DAY OF JUNE, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.




Edward J. Freel, Secretary of State

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AUTHENTICATION: 0277845

DATE: 02-24-00