F00000004034°

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations				
SUBJECT: MyCity.com Holdings, Inc.				
(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: 1				
Robert B. Macaulay				
(Name of Person)				
Mitrani, Rynor, Adamsky, Macaulay & Zorrilla, P.A. (Firm/Company)				
One Southeast Third Avenue, Suite 2200 (Address)				
Miami, Florida 33131				
(City/State/Zip)				
Should you need to call someone concerning this matter, please call:				
Robert B. Macaulay at (305) 358-0050				
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET ADDRESS: MAILING ADDRESS:				
Qualification/Tax Lien Section Qualification/Tax Lien Section				
Division of Corporations Division of Corporations				
409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314				
Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount:				
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy				

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

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

1MyCity.com Holdings Tra	RANSACT BUSINESS IN THE STATE OF FLORIDA.	¥
(Analic of colporation; milst include the word "INICC	ORPORATED", "COMPANY", "CORPORATION" or	
2. Delaware	APPLIED FOR	
(State or country under the law of which it is incorpo	orated) (FEI number, if applicable)	<u> </u>
4. October 6, 1999	5. Perpetual (Duration: Year corp. will cease to eviate a "	
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	_f %
6	posperant)	_
(Date first transacted business in Florida.) (SEI	E SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. 1111 Lincoln Road Switz 200	37.1302 and 317.133, F.S.)	
Min to Description of the second seco	The second secon	
Miami Beach, Florida 33139		
(Current mai	iling address)	_ਵ ਾ ਫ਼ਿੰਹ ਪ ੰਜਾਜ
8 To conduct any lawful business		•
(Purpose(s) of corporation authorized in home	s, to promote any lawful purpose. state or country to be carried out in state of Florida)	
		#TOTES
9. Name and street address of Florida registered	d agent: (P.O. Box or Mail Drop Box NOT acceptable)	# # # #
Name: Robert B. Macaulay		(÷ 4 ↑ ±+r
Mitrani, Rynor Adamaka	, Macaulay & Zorrilla, P.A.	,
Office Address: One Southeast Third Ave	inue, Suite 2200	
Minai	3	
PITAMI	, Florida, 33131 (Zip code)	<u></u>
10. Registered agent's acceptance:		
Having been now of a second		
this application, I hereby accept the appointment to	ervice of process for the above stated corporation at the place design	ated in
with the provisions of all statutes relative to the proper a	ervice of process for the above stated corporation at the place design istered agent and agree to act in this capacity. I further agree to col and complete performance of my duties, and I am familiar with and	mply 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

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIREC	CTORS, (Street address only - P.O. Box NOT acceptable)			
Chairman:	Wolf Shlagman			
-Address: _	1111 Lincoln Road, Suite 390			
	Miami Beach, Florida 33139			
Vice Chair	man: Marshall Kanner			
Address: _	1111 Lincoln Road, Suite 390			
	Miami Beach, Florida 33139			
Director: _	Richard J. Lampen			· · · · · · · · · · · · · · · · · · ·
Address: _	100 Southeast Second Street, 32nd Floor			
_	Miami, Florida 33131			
Director: _				
Address: _				
B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)			
President:	Wolf Shlagman			
Address: _	1111 Lincoln Road, Suite 390	>==+ (2	
-	Miami Beach, Floridas 33139	7 n		# J**
Vice Presid	lent: Marshall Kanner	2 3 m par	r= ~=	- 1
Address: _	1111 Lincoln Road, Suite 390	*	2	·
_	Miami Beach, Florida 33139		::.} :::}	±, 2
Secretary:	Marshall_Kanner		<u> </u>	
	1111 Lincoln Road, Suite 390	·		
_	Miami Beach, Florida 33139			
Treasurer:	Marshall Kanner			
Address:	111 Lincoln Road, Suite 390		•	
	Miami Beach, Florida 33139			
NOTE: 1:	f necessary, you may attach an addendum to the application listing additional officers and/or director			
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)			
14 M	arshall Ranner, Vice President (Typed or printed name and capacity of person signing application)	·		

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MYCITY.COM HOLDINGS, 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 SIXTEENTH DAY OF JUNE, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

BEEN FILED TO DATE.

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

3

Edward J. Freel, Secretary of State

AUTHENTICATION:

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DATE:

06-16-00