

FOO 000004046

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

DATE: 7/19

100003327921--6
-07/19/00--01058--009
*****70.00 *****70.00

Corporation(s) Name

Corporation, Inc.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merge
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Mark
<input type="checkbox"/> LLC	<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> UBR	<input type="checkbox"/> Other
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Change
<input type="checkbox"/> UCC <input type="checkbox"/> 1 or <input type="checkbox"/> 3		

***Special Instructions**

<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Parts/amends/mergers <input type="checkbox"/> Other-See Above		
<input checked="" type="checkbox"/> Walk in	<input checked="" type="checkbox"/> Pick-up	<input type="checkbox"/> Will Wait

Please Return Filed Stamped
Copies To:

Jeffrey Butterfield
Thank You!

FILED
00 JUL 19 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00 JUL 19 AM 11:27
RECEIVED
FOO-4046

**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. **COPHAROS, 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**

(State or country under the law of which it is incorporated)

3.

59-3652017

(FEI number, if applicable)

4. **May 10, 2000**

(Date of Incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **Upon qualification**

(Date first transacted business in Florida, (See Sections 607.1501, 607.1502, and 817.155, F.S.)

7. **5000 Sawgrass Village Circle, Suite 7, Ponte Vedra Beach, Florida 32082**

(Current mailing address)

8. **Any lawful act or activity for which corporations may be organized under the Florida Statutes**

(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: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: **C T Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

, Florida

33324

(Zip Code)

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)

**VICTOR ALFANO
ASSISTANT SECRETARY**

00 JUL 19 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Stefan Borg

Address: 5000 Sawgrass Village Circle, Suite 7, Ponte Vedra Beach, Florida 32082

Vice Chairman: _____

Address: _____

Director: Stefan Borg

Address: 5000 Sawgrass Village Circle, Suite 7, Ponte Vedra Beach, Florida 32082

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

President: Stefan Borg

Address: 5000 Sawgrass Village Circle, Suite 7, Ponte Vedra Beach, Florida 32082

Vice

President: _____

Address: _____

Secretary: Stefan Borg

Address: 5000 Sawgrass Village Circle, Suite 7, Ponte Vedra Beach, Florida 32082

Treasurer: Stefan Borg

Address: 5000 Sawgrass Village Circle, Suite 7, Ponte Vedra Beach, Florida 32082

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. _____

Stefan Borg, President

(Typed or printed name and capacity of person signing application)

00 JUL 19 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 "COPHAROS, 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 SEVENTEENTH DAY OF JULY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

3226493 8300

001359430



Edward J. Freel
Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

0561744

07-17-00