FOOODOOOOH413

To: Qualification/Tax Lie	n Section		-
Division of Corporati	Ons		
SUBJECT:	ROQUOIS	CORP.	
	(Name of corpora	tion - must include suffix)	
Dear Sir or Madam:	1,	,	
The enclosed "Application by "Certificate of Existence", and to transact business in Florida	* CHCCK are summined to	or Authorization to Transac o register the above reference	t Business in Florida", ced foreign corporation
Please return all corresponden	ce concerning this matt	er to the following:	
_	MITAL MINO	or so the following.	
	NEAL MERS		00033415369
	(Name	of Person)	-05/01/0001019009
	IROQUOIS CO	RP,	*****78.75 *****78.75
		ompany)	
		- +,	
	SOI JAMATO	ROAD, SUTTE W	<u>LIS</u>
	(Add	iress)	
	BOCA RATON	1FU 33437	
	(City/St	ate/Zip)	
			. 1
Should you need to call someon	ie concerning this matt	er njegse coll.	4-817
		or, prease can.	TAIS 00
NEAL MARRA	IM +-/1	all able	SE E T
(Name of Person)	at (36)	241-0018	= = = = = = = = = = = = = = = =
((Area	Code & Daytime Telephon	e Number) SS
			AM B: 1-3 SEE FLORIE
STREET ADDRESS:			LAST &
SIREEI ADDRESS:		MAILING ADDRESS:)
Qualification/Tax Lien Section		Ovalification/To I in G	51
Division of Corporations		Qualification/Tax Lien Se Division of Corporations	ection ,
409 E. Gaines St.		P.O. Box 6327	
Tallahassee, FL 32399		Tallahassee, FL 32314	
Enclosed is a check for the follo	wing amount:		
7 670 00 mm			
	.75 Filing Fee & 🛛 🗖 rtificate of Status	\$78.75 Filing Fee & Certified Copy	J \$87.50 Filing Fee, 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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1 ROQUOIS CARP
(Name of corporation: must include the word "TNCOP DOD A TEND" (CO.)
The state of the s
natural person or partnership if not so contained in the name at present.)
2. CAYMAN ISLANDS (State or country under the law of which it is incorporated) 3. 980178 988 (FEI number, if applicable)
(State of country under the law of which it is incorporated) (FEI number, if applicable)
4. TULY 3 1996 5. PETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
0 MAY (, VOTA)
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 301 YAMATO ROAD, SUITE NIS
BOCA RATON, FL 33 UZI
(Current mailing address)
8PROVIDE MANAGEMENT CONTRILITION TO CONTRI
in Home state of 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: NEAL MERRAIM
Office Address: 301 YAM ATO ROAD, JUSTE WOO 2 = =
BOCA RMON , Florida, 33 43] (Zip code) 10. Registered agent's accentance:
(Zip code)
10. Registered agent's acceptance:
The state of 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 the latest agent.
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.
16.01
(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:	•
Address:	
Vice Chairman:	
Address:	
Director: PAUL BRAICA	
Address: 301 YAMATO ROAD, SUITE WOO	
BOCA RATON, PL 33 431	3 3 7 7
Director:	TE SE TI
Address:	78 3 F
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	CO. 02.
President:	一部計 も
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or director	s.
13. Paul Braien	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
PAUL BRAICA To describe of a proper distribution.	
(Typed or printed name and capacity of person signing application)	



APOSTRLE (Convention de La Haye du 5 octobre 1961) 1. Country: The Cayman Islands

This public document

2. has been signed by Anglia

4. bears the separation of Registrar of Compenies of and for the Comman Islands
CERTIFIED 3. acting in the capacity of Assistant Registrar

5. at Grand Cayman 6. the 18 July 2000

7. by _ Wright for Governor of The Cayman Islands

8. No. 4273

10. Signature

9. SeaVstamp: