

REFERENCE

822977

5051651

AUTHORIZATION '

COST LIMIT

ORDER DATE: September 7, 2000

ORDER TIME: 10:29 AM

ORDER NO. : 822977-010

CUSTOMER NO: 5051651

CUSTOMER: Mr. Anthony Varrone

Greenberg Traurig, P.a. 111 North Orange Avenue

\_ Suite 2050

Orlando, FL 32801

## FOREIGN FILINGS

NAME:

LEWGROUP, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

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

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FÖLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	LEWGROUP, INC.				·-··			
		include the word "INCORPORATED as will clearly indicate that it is a cosent.)						
2.	DELAWARE		3. <u>A</u>	APPLIED FOR				
	(State or country under the	law of which it is incorporated)		(FEI nur	nber, if applicable)			
4.	2/4/00	5	PERPET					
	(Date of incorpor	ration)	(Duration	: Year corp. will cease	to exist or "perpetual"	)		
6.	THE DATE SHALL BE WHEN THE CORPORATION RECEIVES THE CERTIFICATE OF AUTHORITY FROM THE FLORIDA DEPARTMENT OF STATE  (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)							
	(Date Illst ti	ansacted outsiness in Plotida.) (SEE 5	ECHONS 007.	1301, 007.1302 and 61	7.133, F.S.)			
7.	632 Stonefield Loop, 1	Heathrow, Florida 32746						
	(Current mailing address)							
8.	TO ENGAGE IN ANY LAWFUL ACTIVITY OF THE STATE							
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)							
9.	NOT acceptable)							
	Name:	MIKE LEWIS						
	Office Address:	632 STONEFIELD LOOP		<del></del>	· -			
		<u>HEATHROW</u>		, Florida	32746 (Zip code)			
10.	Registered agent's acc	entance:						

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.

By: (Registered agent's signature)

	And the second
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delive to the Department of State, by the Secretary of State or other official having custody of content of the Department of State, by the Secretary of State or other official having custody of content of the Department of State, by the Secretary of State or other official having custody of content of the Department of State, by the Secretary of State or other official having custody of content of the Department of State, by the Secretary of State or other official having custody of content of the Department of State, by the Secretary of State or other official having custody of content of the Department of State, by the Secretary of State or other official having custody of content of the Department of State, by the Secretary of State or other official having custody of content of the Department of State, by the Secretary of State or other official having custody of content of the Department of State, by the Secretary of State or other official having custody of content of the Department of State, by the Secretary of State or other official having custody of content of the Secretary of State or other official having custody of the Secretary of State or other official having custody of the Secretary of State or other official having custody of the Secretary of State or other official having custody of the Secretary of State or other official having custody of the Secretary of State or other official having custody of the Secretary of State or other official having custody of the Secretary of State or other official having custody of the Secretary of State or other official having custody of the Secretary of State or other official having custody of the Secretary of State or other official having custody of the Secretary of State or other official having custody of the Secretary of State or other official having custody of the Secretary of State or other official having custody of the Secretary of State or other offici	very of this application orporate records in the
jurisdiction under the law of which it is incorporated.	à 9,000
12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT ad	cceptable)
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	19 0 15
Chairman: MIKE LEWIS	
Address: 623 STONEFIELD LOOP, HEATHROW, FLORIDA 32746	
11000000	
Vice Chairman:	
Address:	
Director:	
Address:	
ar and a second an	
Director:	• • • • • • • • • • • • • • • • • • • •
Address:	
	, in the second of the second
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: MIKE LEWIS	
Address: 632 STONEFIELD LOOP, HEATHROW, FLORIDA 32746	- <del>*****</del>
Vice President:	· · · · · · · · · · · · · · · · · · ·
Address:	<u></u>
	<del></del>
Secretary: See Above	
Address:	
	<del></del>
Treasurer: See Above	<u> </u>
Address:	
	, , ,
NOTE: If necessary, you may attach an addendum to the application listing additional officers ar	nd/or directors.
13	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applied	canon)

14.

## 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 "LEWGROUP, 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 SEVENTH DAY OF SEPTEMBER,

AND\_I\_DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

HAVE NOT BEEN ASSESSED TO DATE.

THE STATE OF THE S

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3171598

Edward J. Freel, Secretary of State

AUTHENTICATION: 0660682

001450617 DATE: 09-07-00