

TO: Registration Division of	Section Corporations						
SUBJECT:	TCW.	Warks	on - must include suff	٠. '	<u> </u>		
	(Na	ame of corporati	on - must include suff	ix)			
Dear Sir or Madam:							
"Certificate of Exist to transact business	tence", and check in Florida.	are submitted to	· Authorization to Tra register the above ref	nsact Busi erenced fo	ness in Florida reign corporat	ı", ion	
Please return all cor							
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For further informa			<b>5</b>	0000	034264 0/16/000 *****78.75	1128-	.–005 ∗78.7
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(Name of)	Person)	(Area	Code & Daytime Tel	ephone N	umber)	0 OCT 16	F
STREET ADDRE Registration Section Division of Corport 409 E. Gaines St. Tallahassee, FL 32	n ations 2399		MAILING ADDR Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations		PM 12: 59	ILED
Enclosed is a check	c for the following	amount:			·		
□ \$70.00 Filing Fe		iling Fee & ate of Status	□ \$78.75 Filing Fee Certified Copy		887.50 Filing F Certificate of a Certified Copy	Status	&

## 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. Lon Marketing Corp.	
(Name of corporation; must include the word "IMCOPPOP ATED" "CONTRACTOR" (1997)	3. J
natural person or partnership if not so contained in the name at present.)	
2 Now 9051	
2. New York 3. 113305912 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(State of country under the law of which it is incorporated) (FEI number, if applicable)	
4. Date of incorporation)  5. Perperson  (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cases to evict as "	•
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")	
(Date hist transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")	2
(SEE SECTIONS 607.1301, 607.1302 and 817.135, F.S.)	
7. 1010 trankly Aug Suita HILL Gradue CI WILLIE	≥ £
7. 1010 Franklin Ave Soute 410 Garden City my 115 (Principal office address)	3
1010 Franklin Rue Ste 410, Garden City, Ny 115:	
- 10,00 to gue the HO Popped City NA 117;	<del>}</del>
(Current mailing address)	
and the second s	
8 LABUTENCE Annuities Securities business	
8	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: DAVID KOON	
Se o	
Office Address: 1206 WESTZEY ST.  SAFETY HARBOT , Florida 34695 (City)  (City)  (Zip code)	
	1
SAFETY HATHAT Florida 3449	
(City) (City)	
· · · · · · · · · · · · · · · · · · ·	
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.	,
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 chliquity of the proper and complete performance of my	1
duties, and I am familiar with and accept the obligations of my position as registered agent.	
(Registered agent's signature)	
( Proposed agent a significal)	

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.

## A. DIRECTORS Chairman: Address: Vice Chairman: \_\_\_\_ Address: \_ Director: Address: B. OFFICERS President: \_\_ Charles ma = 210++1 Address: 1010 Franklin Aug Ste 410, Garden City NYILL 20 Vice President: John Wagnor 12 10 116 40 St Rockaway PK MY 11694 Secretary: Loss Goldstein 6330 Avenue N Brooklyn, NY 11234 Sergio Kindler Tice brosigent Avenue N. Brooklyn, NY 11236 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature Chairman, Vice Chairman, or any officer listed in number 12 of the application) Charles md \(\frac{2}{2}\tot\), President (Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors:

## State of New York Department of State

I hereby certify, that the Certificate of Incorporation of LCM MARKETING CORP. was filed on 02/12/1996, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify the following:

A Biennial Statement was filed 02/25/1998.

A Biennial Statement was filed 03/10/2000.

I further certify, that no other documents have been filed by such Corporation.



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