



THE UNITED STATES  
CORPORATION  
COMPANY

F010000000522

ACCOUNT NO. : 072100000032

REFERENCE : 977589 4313402

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : January 25, 2001

ORDER TIME : 3:35 PM

ORDER NO. : 977589-005

CUSTOMER NO: 4313402

CUSTOMER: Cheryl Goldschmitt, Legal Asst  
Shulman Rogers Gandal Pordy &  
Suite 300  
11921 Rockville Pike  
Rockville, MD 20852

4000003583134--2

FOREIGN FILINGS

NAME: TRANZ, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson -- EXT# 1155

EXAMINER: \_\_\_\_\_

RECEIVED  
JAN 26 PM 4:01  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

01 JAN 26 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

5/29

25

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRANZ, 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:

Cheryl E. Goldschmitt

(Name of Person)

Shulman, Rogers, Gandal, Pordy & Ecker, P.A.

(Firm/Company)

11921 Rockville Pike, Suite 300

(Address)

Rockville, Maryland 20852

(City/State and Zip code)

For further information concerning this matter, please call:

Cheryl E. Goldschmitt

(Name of Person)

at ( 301 ) 231-0942

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☒ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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. TRANZ, 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 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. October 2, 2000 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 19390 Ocean Boulevard #327A, Adventura Beach, Florida 33160  
(Principal office address)  
19390 Ocean Boulevard #327A, Adventura Beach, Florida 33160  
(Current mailing address)
8. Sales and distribution of fine wines.  
(Purpose(s) of corporation authorized in home state or 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** accepted)  
Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (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.*

Corporation Service Company  
James B. Smith  
(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.

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TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: Philippe Lamery

Address: 6513 Old Dominion Drive

McLean, Virginia 22101

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

B. OFFICERS

President: Philippe Lamery

Address: 6513 Old Dominion Drive

McLean, Virginia 22101

Vice President: N/A

Address: \_\_\_\_\_

\_\_\_\_\_

Secretary: Philippe Lamery

Address: 6513 Old Dominion Drive, McLean Virginia 22101

Treasurer: Philippe Lamery

Address: 6513 Old Dominion Drive, McLean, Virginia 22101

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. Philippe Lamery President & Director

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANZ, 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 EIGHTH DAY OF JANUARY, A.D. 2001.

FILED  
01 JAN 26 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



*Harriet Smith Windsor*

*Secretary of State*

3296520 8300

AUTHENTICATION: 0901989

001621086

DATE: 01-08-01