FOLOGOGOGT31°

Registration Section Division of Corporations	/	14.0
SUBJECT: The Hou	on - must include suffix)	DN, 110C
	•	
Dear Sir or Madam:		TT '.1.22
The enclosed "Application by Foreign Corporation fo "Certificate of Existence", and check are submitted to to transact business in Florida.	r Authorization to Transact Business if register the above referenced foreign	n Florida, corporation
Please return all correspondence concerning this matt	er to the following:	
Dalvo DeCast	F 🔘	
(Name o	of Person) -01/01 ******	170101007014 *78.75 *****78.75
(Firm/C	Company)	WOI-159
1101 Brickell Ave	POBOX 3108	316
(Ad	dress)	
111/00/11/1	3131	
(City/Stat	e and Zip code)	
For further information concerning this matter, pleas	e call:	
Name of Person) at (30)	5, 374 499	SE 00
(Name of Person) (Are	ea Code & Daytime Telephone Numbe	
•	,	SE
		FILED
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section Division of Corporations	7. 42 7. 42
Division of Corporations	P.O. Box 6327	> \sigma
409 E. Gaines St. Tallahassee, FL 32399	Tailahassee, FL 32314	$\frac{4nt}{2/8}$
Enclosed is a check for the following amount:		2/8
\$70.00 Filing Fee & Certificate of Status	Certified Copy Cert	50 Filing Fee, tificate of Status & tified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 3, 2001

DALVO DECASTRO PO BOX 310816 MIAMI, FL 33131

SUBJECT: THE HOUSE OF SASSON, INC.

Ref. Number: W0100000159

We have received your document for THE HOUSE OF SASSON, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody off the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 301A00000308



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 22, 2001

DALVO DECASTRO PO BOX 310816 MIAMI, FL 33131

SUBJECT: THE HOUSE OF SASSON, INC.

Ref. Number: W0100000159

We have received your document for THE HOUSE OF SASSON, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 501A00003330

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. The MOUSE OF SHOUND HOUR OF SHOW
(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.)
05/01350
2. Delowase (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)
(State of country amount of the
4. Oct 23, 1992 5. Unknown Perpetual (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Jan 8, 2001
(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 1101 Brickell Ave. POBOX 310816
Principal office address)
Miami FT; 33/3/
(Current mailing address)
& TO LICENSE TECHNOLOGY
(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 acceptable)
9. Name and street address of Florida registered agent.
Name: Lead Quarters in Florica
Goo Name of the second
Office Address: See Ahoue
Mi Ami, Florida 5323 En 8
(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
t in this application. I hardly account the appointment as registered agent and agree to act in this capacity.
further garee to comply with the provisions of all statutes relative to the proper and complete perjormance of my
duties, and I am familiar with and accept the obligations of my position as registered agent.
Wilder of the College
WITH H.
(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 business addresses of officers and/or directors: A. DIRECTORS buit Chairman: Vice Chairman: Address: ____ Director: B. OFFICERS President: ____ Address: Vice President: Address: Treasurer: Address: 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. ___ (Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State PAGE 1

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

00 FEB -8 M 8: 42
SECRETARY OF STATE



Warriet Smith Windson, Secretary of State

2313690 8300

010042228

AUTHENTICATION: 0945164

DATE: 01-30-01