

F01 000001215

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIPLE CROWN CONSULTING LTD
(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:

BENJAMIN KAPLAN
(Name of Person)
TRIPLE CROWN CONSULTING LTD
(Firm/Company)
424 POLWICK LANE ISLAND
(Address)
SUNNY ISLES FL 33160
(City/State and Zip code)

300003768073--0
-02/26/01--01116--010
*****78.75 *****78.75

For further information concerning this matter, please call:

BEN KAPLAN at 305 944 5582
(Name of Person) (Area Code & Daytime Telephone Number)

W 01-15-19

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 &

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 28, 2001

BENJAMIN KAPLAN
424 POINCIANA ISLAND
SUNNY ISLES, FL 33160

SUBJECT: TRIPLE CROWN CONSULTING LTD
Ref. Number: W01000004549

We have received your document for TRIPLE CROWN CONSULTING LTD and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

It appears the corporation is already on file, please refer to the attached printout.,

Please return 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: 201A00012443

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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. TRIPLE CROWN CONSULTING LTD, Corp

(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. NEW YORK 3. 065-158-4913

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/25/00 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. 128 DOLSON AVE MIDDLETOWN NY 10940

(Principal office address)

424 POINCIANA ISLAND DRIVE SUNNY ISLES FL 33160

(Current mailing address)

8. CONSULTING

(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)

Name: BENJAMIN KAPLAN

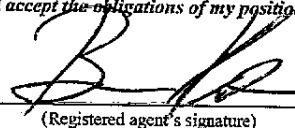
Office Address: 424 POINCIANA DRIVE
SUNNY ISLES E, Florida 33160

(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.



(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: BENJAMIN KAPLAN SOLE OFFICER
Address: 424 POINCIANA ISLAND DRIVE
SUNNY ISLES FL 33160

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: BENJAMIN KAPLAN SOLE OFFICER
Address: 424 POINCIANA ISLAND DRIVE
SUNNY ISLE FL 33160

Vice President: _____
Address: _____

Secretary: _____
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) 2/21/01

14. BENJAMIN KAPLAN
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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