# FOLOGO 326

TO: Registration Section Division of Corporations								
SUBJECT: LHZ SALES 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:  800085754481 -02/12/0101160005								
(Name of Person)								
LHZ SALES Inc								
(Firm/Company)								
Rest Consider Augusta 140								
(Address)								
BOCA RATION FLORIDA 33487								
(City/State and Zip code)								
For further information concerning this matter, please call:								
Stephen Wise at (888) 521-9482								
Stephen W15e at (388) 521 - 9482 (Name of Person) (Area Code & Daytime Telephone Number)								
TAL								
CERTIFIE ADDRESS.								
STREET ADDRESS: MAILING ADDRESS:								
Registration Section Registration Section								
Division of Corporations  Division of Corporations  Division of Corporations								
409 E. Gaines St.  Tallahassee, FL 32399  P.O. Box 6327  Tallahassee, FL 32314								
TE 58								
Enclosed is a check for the following amount:								
▼ \$70.00 Filing Fee								



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 14, 2001

MARK ZIRKIND 6401 CONGRESS AVE., STE 140 BOCA RATON, FL 33487

SUBJECT: LHZ SALES, INC. Ref. Number: W01000003494

We have received your document for LHZ SALES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 401A00009221

#### 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.		LHZ ration; must include the word "	Sples I	h C					
	words or abbrev	ration; must include the word "i viations of like import in langua or partnership if not so contained	ge as will clearly	indicate that it is	Y", "CORPORATION s a corporation instead	N" or of a			
2.	Dc	LAMAL ry under the law of which it is in	3.	<i>-</i> 06	-1601719				
	(State or count	ry under the law of which it is it	acorporated)	_	(FEI number, if applic	cable)			
4.	Dec	e of incorporation)	5.	Terr	petupl				
	(Dat	e of incorporation)		(Duration: Yea	ar corp. will cease to e	xist or "p	erpetual	!")	
6.	Pec	18/200							
	6. Dec 18/1000 (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.	<u></u>	1 Congress Ava	nue S	ide 140	BOCA ROTAN	FLA	334	<u> 18</u> 7	
	(Principal office address)								
	(Q46	ol Congriss Aven	ue Svil	ce 140	BOGA ROTOR	FLA	3848	7	
	7. (040) Congress Avenue Svike 140 Boca Roton FLA 3348)  (Principal office address)  (040) Congress Avenue Svike 140 Boca Roton FLA 33487  (Current mailing address)								
		ν,							
-	(Purpose	-le-TING (s) of corporation authorized in	untry to be carrie	ed out in state of Florio	ia)				
	Name and str	reet address of Florida regi	istered agent:	(P.O. Box or M	Iail Drop Box <u>NOT</u>	_acceptal	ole)		
	Name:	MARK Zirkind				SECK	01		
0:	ffice Address:	MARK Zirkind  6401 Congress  Bocro RATON  (City)	Avenue Su	te140			NAS -	=======================================	
		BOCPO RATON		, Florida _	33487		ف ∞≈	П	
		(City)			(Zip code)		(O		
10	). Registered :	agent's acceptance:					9.58		
		med as registered agent and is application. I hereby acce							

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.

A. DIRECTORS							
Chairman: MARK Zirkind							
Address: 443 Sterling STREET							
BrookLyn NY 11225							
Vice Chairman:							
Address:							
Director:							
Address:							
Director:							
Address:							
B. OFFICERS							
President: MACK Zinkind							
Address: 443 Sterling STRUCT	<del>76 9</del>						
Brooklyn NY 1/225							
Vice President:	RR -9						
Address:							
	1987 A 9						
Secretary:	10						
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. MARK Zirkad - President  (Typed or printed name and capacity of person signing application)							

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

#### 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 "LHZ SALES 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 SIXTH DAY OF MARCH, A.D. 2001.

O1 MAR -9 AM 9:58
SECTION STATE
TALL MAKES STATE



Warriet Smith Windson Harriet Smith Windson, Secretary of State

3325327 8300

010108653

AUTHENTICATION: 1006564

DATE: 03-06-01