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MEXICO, NEW YORK 13114 PHONE (315) 963-7600

5.

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ALLISON J. NELSON

100 WEST UTICA STREET OSWEGO, NEW YORK 13126 PHONE (315) 343-1939 FAX (315) 343-1822 E-mail: kcc@dreamscape.com

March 12, 2001

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

Re:

ILRT, Inc.

Foreign Corporation filing requirements

-03/14/01---01064-****87.50

Dear Sir or Madam:

Please be advised that I represent ILRT, Inc. a New York State corporation. Enclosed please find the following documents submitted to register this foreign corporation in the State of Florida:

- 1. Transmittal letter;
- 2. Application by foreign corporation for authorization to transact business in Florida:
- 3. Verification from the State of New York Department of State evidencing that the corporation is in good standing;
- 4. Certified copy of the Certificate of Incorporation of ILRT, Inc.:

5. Check number 998 made payable to the Florida Division of Corporations in the sum of \$87.50.

After you have processed this application, please forward a certificate of status and certified copy to me at my Oswego office.

Should you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely.

Kevin C. Caraccioli

KCC/alc Enclosure

cc:

George VanWert

Robert M. Carey (Florida registered agent)

TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: ILRT Inc.	** ***		
SUBJECT:			
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:			
GEORGE C. VAN WERT			
(Name of Person)			
ILRT Inc.			
(Firm/Company)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
29 TALISMAN /E.	- }		
(Address)	= =		
DSWE60 NY 13126			
(City/State and Zip code)	• ÷ ÷ · · · · · · · · · · · · · · · · ·		
For further information concerning this matter, please call:			
GEORGE VAN WERT at (315) 326-0004	T		
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section Division of Corporations Division of Corporations			
Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327			
Tallahassee, FL 32399 Tallahassee, FL 32314			
Enclosed is a check for the following amount:			
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy	- &		

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. ILR	TInc.		
words or abbre	oration; must include the word "INCORPORATED", viations of like import in language as will clearly indion partnership if not so contained in the name at prese	icate that it is a corporation instead of a	
2. NEW	YORK 3.	16-1597282	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
4. DE	CEMBER 13, 2000 5.	PERPETUAL	
(Dat	te of incorporation) (Du	ouration: Year corp. will cease to exist or "perpetual")	
	DPON QUALIFICATION		
(Date first transa	acted business in Florida. If corporation has not trans (SEE SECTIONS 607.1501, 607	sacted business in Florida, insert "upon qualification.") 7.1502 and 817.155, F.S.)	
7. ILRTI	nc. 29 TALISMAN TE. C	DSWEGO NY 13126	
	(Principal office address)		
ILRT_		DEWELO NY 13126	
Law, prosection (Purposed board,	ovided that it is not formed ng the consent or approval o (s) of corporation authorized in home state or country agency or other body.	ge in any lawful act or activit anized under the Business Corpo I to engage in any act or activ of any state official, departme y to be carried out in state of Florida)	y ration ity nt,
9. Name and <u>st</u>	reet address of Florida registered agent: (P.O	D. Box or Mail Drop Box NOT acceptable)	
Name:	Robert M. Carey		
Office Address:	812 Benninger Drive		'
	Brandon	, Florida 33510	!
	(City)	(Zip code)	
Having been na designated in thi further agree to	is application, I hereby accept the appointment	f process for the above stated corporation at the pla t as registered agent and agree to act in this capacity ive to the proper and complete performance of my	
6	John M. Carey		
	(Registered agent's signatu	are)	

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 SWEGO NY 13126 Address: Vice Chairman: Address: **B. OFFICERS** NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of ILRT INC. was filed on 12/13/2000, 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.

Witness my hand and the official seal of the Department of State at the City of Sany, this 16th day of January two thousand and one.

200101170330 37



NAR IL PR 8:5