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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

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FOREIGN PROFIT QUALIFICATION

TRANS BORDER, INC.

Certificate of Status	0
Certified Copy	0
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 15, 2001

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: TRANS BORDER, INC.
REF: W01000005889

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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

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Agnes Lunt
Document Specialist

FAX Aud. #: E01000027011
Letter Number: 701A00015840

Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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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. TRANS BORDER, 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. New York 3. 11-3570483
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/27/00 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. 55 Monroe Bld. Apartment 2S, Long Beach, NY 11561
(Principal office address)
Same as above
(Current mailing address)

8. REAL ESTATE HOLDING COMPANY
(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: Peter Akmans

Office Address: 5567 SEA Forest Drive. C 125
New Port Richui, Florida 34652
(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.

X Peter Akmans
(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.

Flora L. Murillo
c/o BlumbergExcelsior Corporate Services, Inc.
62 White street
New York, NY 10013
212-431-5000

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Mar 19 2001 15:20
P.03

FAX: 2124311441
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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Peter AkmansAddress: 55 Monroe Blvd. Apartment 2S
Long Beach, NY 11561

Director: _____

Address: _____

B. OFFICERS

President: Peter AkmansAddress: 55 Monroe Blvd. Apartment 2S
Long Beach, NY 11561

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: (Necessary, you may attach an addendum to the application listing additional officers and/or directors.)

X 13. Peter Akmans
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Peter Akmans / President
(Typed or printed name and capacity of person signing application)Flora L. Murillo
c/o BlumbergExcelsior Corporate Services, Inc.
62 White Street
New York, NY 10013

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Fax: 212 431 1441BLUMB CORP SVCS
BLUMB CORP SVCS

State of New York } ss:
Department of State

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I hereby certify, that the Certificate of Incorporation of TRANS BORDER, INC. was filed on 09/27/2000, 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.

I further certify, that no other documents have been filed by such Corporation.



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

Special Deputy Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Flora L. Murillo
c/o BlumbergExcelsior Corporate Services, Inc.
62 White Street
New York, NY 10013
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