# F01000001774

## TRANSMITTAL LETTER

TO: Registration So Division of Co					
SUBJECT:		rporated, a Connec		ation	<del>.</del>
•	(Name of	f corporation - must incl	lude suffix)		
Dear Sir or Madam:		·			
	ce", and check are sul	oration for Authorization bmitted to register the a			
Please return all corres	spondence concerning	this matter to the follo	wing:		•
Thomas D. Wrigh	ht, Registered A	gent -			
<del></del>		(Name of Person)			
Law Offices of	f Thomas D. Wrigh	ht, Chartered	EOO	93/33/01-5	ago —00010
		(Firm/Company)	-	***************************************	李宗帝宋李宗27。
9711 Overseās	Highway, Suite !	5 P.O. Box 5	500309	• • • • •	
		(Address)			
Marathon, FL 3	33050	- · · · · · · · ·	· - <u>-</u>		
		City/State and Zip code	<u> </u>		····
	•	, <b></b> ,	,		
For further information	n concerning this mat	ter, please call:			
.Nancy Bauknight	t at	(305) 743	3-8118		2
(Name of Per	son)	(Area Code & Day	time Telephone ì	Number)	500
STREET ADDRESS: Registration Section Division of Corporatio 409 E. Gaines St. Tallahassee, FL 3239	ons	Registration Division on P.O. Box 6	f Corporations		
Enclosed is a check fo		f	,112 JAJ17	(	mtu
□ \$70.00 Filing Fee	☐ \$78.75 Filing F Certificate of S	<del>_</del>	_	\$87.50 Filing F Certificate of Certified Copy	Status & 1

# 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,	Conen, Incorporated -						
	(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.	Connecticut  3 06-0838926  (State or country under the law of which it is incorporated)  (FEI number, if applicable)						
	State or country under the law of which it is incorporated) (FEI number, if applicable)						
4.	1961   5.   Perpetual   (Duration: Year corp. will cease to exist or "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.")						
	(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.	115 Hitching Post Lane, Stratford, CT 06614 (Principal office address)						
. •	(Principal office address)						
	<u> 5ame</u>						
	(Current mailing address)						
8.	Consulting  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)						
	(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: Thomas D. Wright						
O	Mame: Thomas D. Wright  ffice Address: 9711 Overseas Huy 5						
	Marathm , Florida 33050 (City) (Zip code)						
	(City)						

#### 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.

Vleeras D. Jack
(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:
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nairman:	Ernest Maseto	
idress:	139 Indies Drive North	
	Duck Key, FL 33050	
e Chairman	:	
dress:		
rector:	Ernest; Maseto	
dress:	139 Indies Drive North	
<del></del>	Duck Key, FL 33050	
rector:	Shirley Maseto	
dress:	139 Indies Drive North	
	Duck Key, FL 33050	
ce President:		
<del></del>	5 <del>5</del> <del>5</del>	<del></del>
cretary:	Shirley Maseto 139 Indies Dr. North Duck Key, FL 33050	<del></del>
dress:	139 Indies Dr. North Duck Kly, FL 33050	
easurer:	ı none	
dress:		
TE: If ne	cessary, you may attach an addendum to the application listing additional officers and/or directors.	
	and the there are the same of	
. <u> </u>	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	

## Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  ${\tt DO}^-{\tt HEREBY}$  CERTIFY, that

CONEN, INC.

incorporated under the laws of Connecticut is in existence.

Secretary of the State

Date Issued: March 20, 2001

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