

F01000002052

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KEITH - MACKSEY, 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:

KEITH MACKSEY  
(Name of Person)  
KEITH - MACKSEY, INC  
(Firm/Company)  
509 TUTEN TRAIL  
(Address)  
ORLANDO, FL 32828  
(City/State and Zip code)

100003992041--7  
-04/11/01--01085--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

For further information concerning this matter, please call:

KEITH MACKSEY at ( 407 ) 207 5675  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

01 APR 11 AM 11:47

FILED  
4/17

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 & Certified Copy

4p

**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. KEITH-MACKSEY, 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. DELAWARE 3. 59-3696012  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/1/01 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. 509 TUTEN TRAIL ORLANDO, FL 32828  
(Principal office address)  
509 TUTEN TRAIL ORLANDO, FL 32828  
(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: KEITH MACKSEY  
Office Address: 509 TUTEN TRAIL  
ORLANDO, Florida 32828  
(City) (Zip code)

FILED  
APR 11 AM 11:47  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**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.

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

A. DIRECTORS

Chairman: KEITH-MACKSEY  
Address: 509 TUTEN TRAIL  
ORLANDO, FL 32828

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: KEITH MACKSEY  
Address: 509 TUTEN TRAIL  
ORLANDO, FL 32828

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
01 APR 11 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Keith Macksey*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. KEITH MACKSEY, CHAIRMAN & PRESIDENT  
(Typed or printed name and capacity of person signing application)

*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 "KEITH-MACKSEY, 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 TWENTY-FIRST DAY OF MARCH, A.D. 2001.

FILED  
01 APR 11 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



*Harriet Smith Windsor*  
*Harriet Smith Windsor, Secretary of State*

3347766 8300

AUTHENTICATION: 1035466

010132556

DATE: 03-21-01