FILINGS NC. TERESA RO		
(Requestor's Nam		PH D: 4
2805 LITTLE DEAL ROAD (Address)		LORID LORID
TALLAHASSEE, FLORIDA 32 (City, State, Zip)		OFFICE USE ONLY
	(Phone #)	
CORPORATION NAM	E(S) & DOCUMENT NUI	1000046024518 -09/20/0101027019 ******78.75 ******78.75
	E(S) & DOCUMENT NUP	MBER(S) (if known):
1. Juknkee (Corporati	Ct-D. Tuc	(Document #)
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(Corporatio	on Name)	(Document #)
3(Corporatio	on Name)	(Document #)
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(Corporatio	_	(Document #)
Walk in Pic	k up time <u>9.00</u>	Certified Copy
Mail out W	ill wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Office	er/Director
Limited Liability	Change of Registered Age	nt
Domestication	Dissolution/Withdrawal	
Other	Merger	<u>.</u>
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OTHER FILINGS	REGISTRATION/ QUALIFICATION	DEPARTMENT OF STATE DIVISION OF CORPORATIUM TALLANASSEE. FLORIDA
Annual Report	Foreign	
Fictitious Name	Limited Partnership	01 2E6 30 WH 10: 2S
Name Reservation	Reinstatement	BECEINED
-	Trademark	
-	Other	Examiner's Initials
CR2E031(10/92)		

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- 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 TO TRANSACT BUSINESS IN THE STATE OF

1. TURNKEE ITO. IM.	SEE				
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORAT words or abbreviations of like import in language as will clearly indicate that it is a corporation in natural person or partnership if not so contained in the name at present.)	TON" or FLORING IS.				
words or abbreviations of like import in language as will clearly indicate that it is a corporation in	stead of a 97				
natural person or partnership if not so contained in the name at present.)					
· · · · · · · · · · · · · · · · · · ·	-				
2. <u>NEW YORK</u> (State or country under the law of which it is incorporated) 3. <u>11-3302738</u> (FEI number, if ap					
(State or country under the law of which it is incorporated) (FEI number, if an	plicable)				
4. <u>10/1/93</u> (Date of incorporation) 5. <u>PERPETUAL</u> (Duration: Year corp. will cease to exi					
(Date of incorporation) (Duration: Year corp. will cease to exi	st or "perpetual")				
6. UPON QUALIFICATION					
(Date first transacted business in Florida. If corporation has not transacted business in Florida, inse	at "upon qualification.")				
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)					
7. a. 74 RIVIERA DG. SOUTH, MASSARE OUA, WILLIM	51				
7. a. 74 RIVIERA Dr. South, MASSAPEQUA, NY 11258 (Principal office address)					
b. 4074 N.W 60th CIRCH, BOCA RATON, FL 3344 (Current mailing address)	10				
(Current maring address)					
Norman					
8. COMMERCIAL LANDLORD					
(Purpose(s) of corporation authorized in home state or country to be carried out in state of F	lorida)				
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NO'	r acceptable)				
Name: PETER, NOLA					
Office Address: 1759 AUENINA DELSOL					
BOCA RATON, FL Florida 33432					

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.

(Zip code)

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A. DIRECTORS	I AL
Chaimean:	COME SEP FIL
	555 70 m
Address;	E STAR
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
B. OFFICERS	··· .
President: PETER WOLFF	,
Address: 4074 N.W. Goth CIRCLE BOCA RATON, FL.33496	·····
BOCA RATON, FL.33496	
	and and a second and
Address: 4074 N.W Goth CIRCLE	
BOCA RATON, FL 33496	
Secretary: DARIENE WOLFF	
Address: 4074 N.W 60th CIRCLE	
Treasurer: PETER WOIH	
Address: 4074 N.W 60th CIRCLE	
BOCA LATON, FL 33496	· · · · · · · · · · · · · · · · · · ·
NOTE: If necessary, you may attach an addendum to the application listing addi	tional officers and/or directors.
13(Signature of Chairman, Vice Chairman, or any officer listed in r	

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State of New York }ss: Department of State

I hereby certify, that the Certificate of Incorporation of TURNKEE LTD. was filed on 10/01/1993, 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 the following:

A Biennial Statement was filed 12/27/1995.

A Biennial Statement was filed 10/21/1997.

A Biennial Statement was filed 10/29/1999.

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 06th day of September two thousand and one.

Special Deputy Secretary of State

200109070157 * 39

FILINGS NC. TERESA (Requestor's N 2805 LITTLE DEAL ROAD (Address) TALLAHASSEE, FLORIDA (City, State, 2	D FOTATE T A 32308 385-6735 OFFICE LISE ONLY	2
(Address) TALLAHASSEE, FLORIDA	A 32308 385-6735 OFFICE USE ONLY	
(City, State, 2	(Phone #)	
1. <u>TURMER</u>	AME(S) & DOCUMENT NUMBER(S) (if known):	- - -
2 (Согрога	oration Name) (Document #)	200 F
3.		-
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(Corpor	oration Name) (Document #)	
Walk in	Pick up time 2.00 Certified Copy	
Mail out	Will wait Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	·
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	-
Limited Liability	Change of Registered Agent	-
Domestication	Dissolution/Withdrawal	
Other	Merger	ч .
OTHER FILINGS		·
UTHERTILINGS	AGINOLA AGINOL	
Annual Report		
Annual Report Fictitious Name	Limited Partnership ZS VI IO: 25 10	
Annual Report	Limited Partnership Reinstatement	
Annual Report Fictitious Name		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1.	TURNKEE ITO, INC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or TOT IN 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.	<u>NEW YORK</u> (State or country under the law of which it is incorporated) 3. <u>11-3302738</u> (FEI number, if applicable)					
	(Date of incorporation) 5. <u>PERPETUAL</u> (Duration: Year corp. will cease to exist or "perpetual")					
6.	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")					
7.	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. a. <u>74 RIVIERA Dr. South</u> , MASSAPEQUA, NY 11758 (Principal office address)					
	b. 4074 N.W GOH CIRCHY, BOCA RATON, FL 33496 (Current mailing address)					
8.	(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, WOLA					
Ю	Fice Address: 1759 AURNIDA DELSOL					

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BOCA RATON, FL , Florida 33'

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 kereby 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.

*22. Names and business addresses of officers and/or directors:

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A. DIRECTORS	TAL
Chairman:	LEASE FI
Address:	ASSE TO
	THE R
Vice Chairman:	
Address:	· · · · · · · · · · · · · · · · · · ·
Director:	
Address:	
Director:	<u> </u>
Address:	
B. OFFICERS	-
President: PETER WOLFF	ł
Address: 4074 N.W. 60th CIRCLE	
BOCA RATON, FL33496	
Vice President: DARLENE WOLFF	
Address: 4074 N.W GOTA CIRCLE	
BOCA RATON, FL 33496	
secretary: DARIENE WOIH	
Address: 4074 N.W. 60th CIRCLE	
BOCA RATON, FL 33494	
Treasurer: PETER WOLH	
BOLA LATON, FL 33494	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	r directors.
13. Petro Goldy	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	plication)
14. <u>PETER WOLFF</u> (Typed or printed name and capacity of person signing application)	

State of New York Department of State

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I hereby certify, that the Certificate of Incorporation of TURNKEE LTD. was filed on 10/01/1993, 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 the following:

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Special Deputy Secretary of State

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