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FLORIDA COMP	LIAN E-SPECIALISTS, IM	0005003
	2331 Hanson Place	
	Tallahassee, Florida 32301 Voice: (850) 942-5464 Fax: (850) 942-5111 www.floridacompliance.com	Office Use Day 58 T
CORPORATION	NAME(S) & DOCUMENT NUM	BER(S), (if known):
1. JDS Fre	Mancial Services	The Form of the state of the st
2(Correc	ration Name) (Do	cument #)
3.		
	ration Name) (Do	cument #)
4(Corpo	ration Name) (Do	cument #)
Awalk in	Pick up time <u> 1125</u>	
		Certified Copy
Mail out	Will wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	((e)
NonProfit	Resignation of R.A., Officer/ Direct	
Limited Liability	Change of Registered Agent	9000046092996; -09/24/0101124008 ******78.75 *****78.75 *
Domestication	Dissolution/Withdrawal	******?8.75 *****?8.75 ±
Other	Merger	
OTHER FILINGS	REGISTRATION/	
Annual Report	QUALIFICATION	
Fictitious Name	X Foreign	<b>«K</b> <sub>?</sub>
Name Reservation	Limited Partnership	- CURDIE FECKADALLA
-	Reinstatement Trademark	DIATE PLANNER OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA
	Other	01 2Eb 57 6W 5: 39
L		And the second s
CR2E031(1.95)		

PAGE 03 FL COMPLIANCE SPEC 09/20/2001 9049425111 01:51 R **RESOLUTION OF BOARD OF DIRECTORS** (Please print or type) \_\_\_\_, do hereby certify Vamenick Py. I, the undersigned that this Resolution of the Board of Directors of <u>JDS Finites</u> (Corporate Name) a corporation duly organized and existing under the laws of the State of  $\underline{nJ}$ 20 00 W SEPT was duly adopted on \_\_\_\_ Beit resolved, that \_ JDS FINANCIAL INC . SEMILLAS (Corporate Name) , hereby adopts the name NEW JENSEY -- organized and existing in the State of \_\_\_\_\_ for use in Florida. BROILERS INC. JAS MONTANE 18/0 Dated: Signature of either Chairman, Vice Chairman or any officer DOMENICICPUPO Type or print Name NHS19(1/00)

## 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.

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1. <u> </u>	Financial	Services	Inc	,			THE SEC	-
(Name of corpo	ration; must include the	word "INCORPO	R'ATED". "CO	MPANY"	"CORPC	RATION" or	The star	
natural person (	viations of like import in or partnership if not so c	a language as will contained in the par	learly indicate	that it is a	corporatio	on instead of a	EN P	: "
							ERG -	ja O
	JERSEY		3	22	375	1135	<u> </u>	63
(State or country under the law of which it is incorporated) (FEI number, if applicable)						I.		
4. <u>SEPT</u>	20,2000	· ·	_ 5	Pe	RPEN	<u>A</u> ∟		نستر
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")								
6. <u>UPON</u>	2 QUALIFICA	TION						
(Date first transa	acted business in Florida	I. If corporation ha	s not transacte	d business	in Florida	, insert "upon q	jualification.")	
<b>c</b> 2		E SECTIONS 607.	1501, 607.150	12  and  817.1	155, F.S.)			
7. 520	MAIN ST.		2' FT	<u>_</u> 65	U2 0	2024		- <u>2</u> -1
1 <b></b>		(Principal office	address)					
520	MAIN ST.	SRE 302		LEE	no	07024		
		(Current mailing	address)					
0.000								
	s) of corporation author		or country to 1					····
						,		
9. Name and <u>str</u>	<u>eet address</u> of Florid	la registered age	ent: (P.O. B	ox or Mail	Drop Bo	ox <u>NOT</u> accep	stable)	
Name:	ANTHONY MA	mnarino						
	1		·		<u></u>	<u> </u>	· .	
Office Address:	19801 HAMPON							
	BUCA LATUN	FLA. 334?	)ને <sub>F</sub>	lorida 3	3434			
	(City)			(Z	lip code)		· ·	· –
1) Registered a	rant?s same				- /			
Having been nan	gent's acceptance: ned as registered age	nt and to accent	service of pre	icess for th	he ahovo	stated anne	adion at it - 1	
designated in this	s application, I hereb	y accept the appe	intment as i	egistered a	agent an	d agree to act	t in this capaci	ace tv. 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:

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A. DIRECTORS	
Chairman: UNBALLE PURS	TAL
Address: 550 Noum Are NOT F FT 40 AI OUR	4 19 19 1
	SSET F F
Vice Chairman: SMMUS PAPAS MAN	The D
Address: MT HUDE ANE DUUDN MY OTRU	16 FF 57
Director: NR	
Address:	
Director:	
Address:	and the second
B. OFFICERS	
President: UOMENICK KUPO	
Address: 550 NORTH AVE ANT F FT LEE NJ ODC	
Vice President: STAVIOS PAPASTAVILOU	
250	
Address: 289 ALT HUPE ANE DOVER NO 07501	
Secretary: DOMENICLE Popo	<u></u>
Address: 550 Norm Anne APT F FT Lee no 07024	{
Treasurer: STAWUS PAPASTANAN	
Address: 28g MT Hope Ave Dava no 0501	the second s
NOTE: If necessary, you may attach an addendum to the application listing additional of	
	ticers and/or directors.
13(Signature of Chairman, Vice Chairman, or any officer listed in number 12	Dofthe and Lock
14. <u>DOMENICK</u> , PUPO PRESIDENT	2 of the application)
(Typed or printed neme and supplied in the set	

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



SEP 24

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## JDS FINANCIAL SERVICES, INC.

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on September 20, 2000.* 

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

*I further certify that the registered agent and registered office are:* 

Domenick Pupo 520 Main Street Suite 302 Fort Lee, NJ 07024

Continued on next page ...

