

FO1000005024⁵

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EQUICAP, LTD.
(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:

ABOL F. HELMY 000004587920--2
(Name of Person) -09/14/01--01003--001
EQUICAP LTD *****70.00 *****70.00
(Firm/Company) W01-21573
808 BRICKELL KEY DR, SUITE 3008,
(Address)
MIAMI, FL 33131
(City/State and Zip code)

For further information concerning this matter, please call:

ABOL HELMY at 305, 789 6753
(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

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

FILED
01 SEP 26 PM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mt
9/26



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 18, 2001

ABOL F. HELMY
808 BRICKELL JY DR., STE 3008
MIAMI, FL 33131

SUBJECT: EQUICAP, LTD.
Ref. Number: W01000021573

We have received your document for EQUICAP, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays
Document Specialist

Letter Number: 601A00052124

01 SEP 26 PM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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. EQUICAP, LTD. CORPORATION
(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. 13 - 353 26 34
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/24/1989 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. 808 BRICKELL KEY DR, SUITE 3008, MIAMI, FL 33131
(Principal office address)
AS ABOVE
(Current mailing address)
8. INVESTMENTS
(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: ABUL HELMY
Office Address: EQUICAP LTD 808 BRICKELL KEY DR,
MIAMI, Florida 33131
(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.


(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.

FILED
01 SEP 26 PM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: ABOL ✓ HELMY

Address: 808 BRICKELL KEN DR, # 3008
MIAMI FL 33131

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: ABOL ✓ HELMY

Address: 808 BRICKELL KEN DR, # 3008
MIAMI FL 33131

Vice President:

Address:

Secretary: ABOL ✓ HELMY

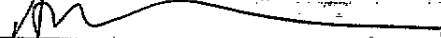
Address: 808 BRICKELL KEN DR, # 3008

Treasurer: MIAMI FL 33131

Address:

FILED
01 SEP 26 PM 8:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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

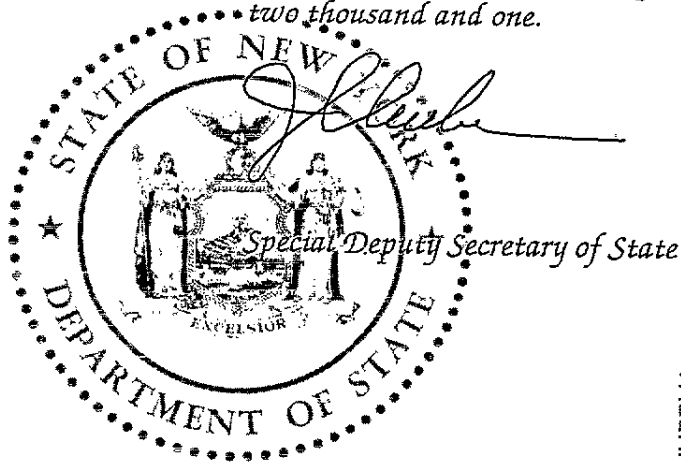
14. ABOL ✓ HELMY
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of EQUICAP, LTD. was filed on 07/24/1989, 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.

The Biennial Statement is past due.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 31st day of August
two thousand and one.



200109040081 45

FILED
01 SEP 26 PM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA