| FOS               | DODOOS 849<br>TRANSMITTAL LETTER   | 4. |
|-------------------|--|----|
|                   | on Section<br>of Corporations  |    |
| SUBJECT:          | MAUGILE PALEVSKY MANAGEMENT CORP.<br>(Name of corporation - must include suffix) | -= |
| Dear Sir or Madar | n:   |    |

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. . . . :

The enclosed "Application by Foreign Corporation for Authorization to Transact Busiñess 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:

| FRITZ G. MAUGILE            | 5000049278653<br>     |
|-----------------------------|-----------------------|
| (Name of Person)            | *****78.75 *****78.75 |
| MAUGILE PALEVSKY MANAGEMENT | CORP.                 |
| (Firm/Company)              |                       |
| BI71 LAKE SERENE ORIVE      |                       |
| (Address)                   |                       |
| ORLANDO, FLORIDA 32836      |                       |
| (City/State and Zip code)   |                       |

For further information concerning this matter, please call:

| FRITZ G. MA<br>(Name of Perso  | on) (Area             | Code & Daytime Telephone   | Number)                      |
|--|-----------------------|--|------------------------------|
|  | e-ma                  | il = fmaugile  | . ©yahoo.com                 |
| STREET ADDRESS:<br>Registration Section<br>Division of Corporation<br>409 E. Gaines St.<br>Tallahassee, FL 32399 | 15                    | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314 | FILE<br>02 FEB IL            |
| Enclosed is a check for  | the following amount: |  |                              |
| ☐ \$70.00 Filing Fee   | Certificate of Status | \$78.75 Filing Fee & □<br>Certified Copy   |                              |
|  |                       |  | $\mathcal{A} _{\mathcal{B}}$ |

## 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. <u>MAUGILE PALEVSKY MANAGEMENT CORPORATION</u><br>(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or<br>words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a<br>natural person or partnership if not so contained in the name at present.) | -        |
|--|----------|
| 2. <u>DELAWARE</u><br>(State or country under the law of which it is incorporated)<br>3. <u>EMPLOYER</u> identificAtion #03-036<br>(FEI number, if applicable)   | 252.48   |
| 4. <u>NOVEMBER 22 1999</u><br>(Date of incorporation) 5. <u>PERPETUAL</u><br>(Duration: Year corp. will cease to exist or "perpetual")   | <b>_</b> |
| 6. JANUARY 3, 2002<br>(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."<br>(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)   | )        |
| 7. 8171 LAKE SERENE DRIVE, ORLANDO, FL, USA 32836<br>(Principal office address)  |          |
| <u>Bi71</u> LAKE SEREWE DRIVE Ontanbo, EL U.S.A. (Current mailing address)   | 2836-    |
| 8. <u>Artist/tour management and any other lawful purpose</u> .<br>(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: <u>CT CORPORATION</u>  | -        |
| Office Address: 1200 South Pine Island Road  |          |
| Plantation, Florida 33324  |          |
| (City) (Zip code)  | $\Box$   |
| 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)

-Robin LaPeters Vice President

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:

| hairman:                           |                                       |
|------------------------------------|---------------------------------------|
| ddress:                            |                                       |
| · · · ·                            |                                       |
| ice Chairman:                      | / * <del>37</del>                     |
| ddress:                            |                                       |
| Director: FRITZ G. MAUGILE         | · · · · · · · · · · · · · · · · · · · |
|                                    |                                       |
| ORLANDO, FL 32836                  |                                       |
| Director: <u>JONATHAN PALEVSKY</u> |                                       |
| Address: 3471 CHAPLEAU             |                                       |
| MONTREAL, QUEBEC, CANADA           | H2K- 3H7                              |
| B. OFFICERS                        |                                       |
| President: FRITZ G. MAUGILE        |                                       |
| Address: 8171 LAKE SERENE DRIVE    |                                       |
| ORLANDO FL 32836                   | 02<br>ALL                             |
| Vice President: JONATHAN PALEVSKY  |                                       |
| Address: 3471 CHAPLEAU             |                                       |
| MONTREAL, QUEREC, CANADA           | H2K-3H7 2 3 3                         |
| Secretary: JONATHAN PALEVSKY       |                                       |
| Address: MONTREAL, QUEBEC          | 2 <sup>m</sup>                        |
| Treasurer:                         |                                       |
| Address:                           |                                       |

13. \_\_\_\_\_

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

14. <u>FRITZ G. MAUGILE</u>, <u>PRESIDENT</u> (Typed or printed name and capacity of person signing application)



## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAUGILE PALEVSKY MANAGEMENT CORP." 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 FIRST DAY OF FEBRUARY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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arriet Smith Windson

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 1592132

DATE: 02-01-02