F0200000879

TRANSMI	TTAL LETTER	1 S 8
TO: Registration Section Division of Corporations		TE T
-	Corporation poration - must include suffix)	SEE SE
Dear Sir or Madam:	oration must horace surms,	ORIUDA TATE 40
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted to transact business in Florida.	on for Authorization to Transact ed to register the above reference	Business in Florida", ed foreign corporation
Please return all correspondence concerning this	matter to the following:	
Byron	mcPhaul ame of Person)	
•	•	
Mashiyach	(Corporation m/Company) Fin	
P.O. Box 157	26	1 0004955076 1 -02/19/0201057001 *****87.50 ******87.50
- 1 / 1	(Address)	Mar
/allahasse	ee, F/ 323/7-5 State and Zip code)	126
For further information concerning this matter, p	please call:	
(Name of Person) at (8	(Area Code & Daytime Telephon	ne 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: 1/2/0/00/00/00/00/00/00/00/00/00/00/00/00	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(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.	IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMETED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
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.	Makiscale de Line
2. State or country under the law of which it is incorporated) 4. 2/6/01 (Date of incorporation) 5. Serfetual (Duration: Year corp. will cease to exist or "perpetual") 6. See Sections 607.1501, 607.1502 and 817.155, F.S.) 7. See Sections 607.1501, 607.1502 and 817.155, F.S.) 7. See Sections 607.1501, 607.1502 and 817.155, F.S.) 8. See Sections 607.1501, 607.1502 and 817.155, F.S.) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Syron MePhanal Office Address: 1740 Post Plant Rd.	words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
4. 2/6/01 (Date of incorporation) 5. (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.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. (Principal office address) P. Box 15726 Tallahassee FT 32317-5726 (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: Dyron MePhanl Office Address: 1740 Past Plant Rd	
(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	<i>1</i>
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 1.	
(Principal office address) 2. Box 15726 Tallahassee FL 32317-5726 (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: Dyron MePhana Office Address: 1740 Post Plant Rd	(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.)
8	7. <u>P.D. Box 15726 Tallahassee FZ 323</u> 17-5726 (Principal office address)
8	P.O. Box 15726 Tallahassee FL 32317-5726
(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: Dyron McPhaul Office Address: 1740 Past Plant Rd	(Current mailing address)
Name: <u>Byron McPhaul</u> Office Address: <u>1740 Post Plant Rd</u>	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
Office Address: 1740 Past Plant Rd	9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	<u> </u>
	Office Address: 1770 POST PIANT RAC , Florida 32351
(City) (Zip code)	(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.

12. Names and business addr	esses of officers and/or d	lirectors:	03		
A. DIRECTORS	_	4	ES TO		
Chairman:	Byron	A-McPhaul			
Address:	PO. Box	A-MePhaul 1572ce	Series 10		
		FL 32317-572			
Vice Chairman:			影ら		
Address:					
Director:					
Address:					
Director:	<u>Sam</u>	e			
B. OFFICERS			•		
President:	B	ston A. McPhai	ι/		
Address:		/			
		1			
Vice President:		1			
Address:					
Secretary:					
Address:		<u> </u>			
Treasurer:		SAME			
Address:					
					
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.					
13	Defron A=		d		
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)					
14. (Typed or printed name and capacity of person signing application)					
(1) ped or printed name and capacity or person signing application)					

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MASHIYACH CORPORATION" IS DULCTURED INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS OF THE STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF FEBRUARY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MASHIYACH CORPORATION" WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D. 2002.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1610586

DATE: 02-13-02

3488930 8300

020094426