

## TRANSMITTAL LETTER

| TO: Registration Sec<br>Division of Corp                                    |   |   |  |
|---|---|---|--|
| SUBJECT: SIGMAB   | ELL CORPORATION   |   |  |
|   | (Name of corporati  | on - must include suffix)                               |  |
| Dear Sir or Madam:  |   |   |  |
| The enclosed "Applicati "Certificate of Existence to transact business in F | on by Foreign Corporation for<br>", and check are submitted to<br>lorida. | r Authorization to Transa<br>register the above referen | ct Business in Florida",<br>nced foreign corporation             |
| Please return all corresp   | ondence concerning this matte   | er to the following:                                    | :000005111032E<br>-03/15/0201057001                              |
|   | JPIERRE JOUBI   | ner   | *****87.50 *****87.50  |
|   | (Name o   | of Person)  | SE SE  |
|   | SIGMABELL CORPOR  | RATION  | CAI M  |
|   | (Firm/C   | ompany)   | ASS.   |
|   | P.O. BOX 100106   | •   |  |
|   | · :- · · · · · · · · · · · · · · · · · ·                                  | dress)  | FS & D   |
|   | FORT-LAUDERDALE,  | FLORIDA 33310   | ORAI<br>ORAI   |
|   | (City/State   | and Zip code)   | 70 A   |
|   |   |   | 1-02-1396  |
| For further information   | concerning this matter, please  | call:   | 100 1019   |
|   | •   |   |  |
| JPIERRE JOUBNER   | at ( 954  | 261-5223  |  |
| (Name of Perso  |   | Code & Daytime Teleph                                   | none Numberie<br>Availability                                    |
|   |   | MAILING ADDRES  | Jolument (S) Examiner  |
| STREET ADDRESS: Registration Section  | Updater   |   |  |
| Division of Corporation   | ons U e er  |   |  |
| 409 E. Gaines St.   | Verifyer  |   |  |
| Tallahassee, FL 32399   |   | Tallahassee, FL 3231                                    | Acknowledgement  |
| Enclosed is a check for the following amount:                               |   |   | W. P. Verifyer   |
| ☐ \$70.00 Filing Fee  | □ \$78.75 Filing Fee & Certificate of Status                              | □ \$78.75 Filing Fee & Certified Copy                   | \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |

## 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. SIGMABEL  | L CORPORATION  |   |   |  |  |         |
|--|--|---|---|--|--|---------|
| words or abbrev  | oration; must include the word "INCORPO! viations of like import in language as will cor partnership if not so contained in the name                           | learly indic                              | ate that it is                          | Y", "CORPORATION s a corporation instead | N" or<br>d of a                                |         |
| 2. DELAWARE  |  | 3.  | N/A                                     |  |  |         |
| (State or country  | under the law of which it is incorporated)   |   | (                                       | FEI number, if applic                    | able)  |         |
| 4. <u>NOVEMBER</u>                                       | 25, 1997   | _ 5                                       | "PERP                                   | 'ETUAL''                                 |  |         |
| (Dat   | te of incorporation)   | (Dui                                      | ation: Yea                              | r corp. will cease to e                  | xist or "perpetual")                           |         |
| 6. <u>"ПРОМ QU</u>                                       | ALIFICATION"   |   |   |  |  |         |
|  | acted business in Florida. If corporation hat (SEE SECTIONS 607.   | 1501, 607.                                | 1502 and 8                              | 17.155, F.S.)                            | fupon qualification.")                         |         |
| 7. 9387 SOU  | TH BELFORT CIRCLE, R3, TAMA  |   | RIDA 33                                 | 321                                      |  |         |
|  | (Principal office  |   |   |  | AS A   |         |
| P.O. BOX   | 100106, FORT-LAUDERDALE, F   |   | 33310                                   |  |  | in .    |
| o TELECOMM   | (Current mailing<br>UNICATION SERVICES   | g address)                                |   |  | AN IO: :<br>FSTAT                              | U       |
| ·  | (s) of corporation authorized in home state  | or country                                | to be carrie                            | d out in state of Florid                 | <del>2π.                                </del> |         |
|  | reet address of Florida registered ago   | •   |   |  | •  |         |
| Name:  | MARTINE CADET  |   |   |  |  |         |
| Office Address:  | 20 <b>6</b> 1 NW 43 TERRACE # 107  |   |   | -  |  |         |
|  | LAUDERHILL   |   | , Florida_                              | 33313                                    |  |         |
|  | (City)   |   | , <u>-</u>                              | (Zip code)                               |  |         |
| Having been nar<br>designated in thi<br>further agree to | ngent's acceptance: ned as registered agent and to accept is application, I hereby accept the application of all statu familiar with and accept the obligation | ointment of the states relative on sof my | as register<br>te to the proposition as | ed agent and agree<br>roper and complete | e to act in this capa                          | city. I |
|  | (Registered agen   | it s signatui                             | e)                                      |  |  |         |

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:

| A. DIRE     | CTORS   |                               |
|-------------|---|-------------------------------|
| Chairman:   | TAMARA JAYATILLEKE  |                               |
| Address: _  | 4030 NE 4 TERRACE   |                               |
|             | LIGHTHOUSE POINT, FLORIDA 33074   |                               |
| Vice Chair  | nan: LORNA CAMPBELL   |                               |
| Address: _  | 9387 SOUTH BELFORT CIRCLE   |                               |
|             | TAMARAC, FLORIDA 33321  |                               |
| Director: _ | MARTINE CADET   | ·                             |
| Address: _  | 201 NW 43 TERRACE   |                               |
| _           | LAUDERHILL, FLORIDA 33313   |                               |
| Director: _ |   |                               |
| Address: _  |   |                               |
| _           |   | 02<br>SEG                     |
| B. OFFI     | CERS  | FII<br>MR I<br>RETAR<br>AHASS |
| President:  | TAMARA JAYATILLEKE  | SA 55 F                       |
| Address: _  | 4030 NE 4 TERRACE   | FLS A D                       |
| -           | LIGHTHOUSE POINT, FLORIDA 33074   |                               |
| Vice Presid | ent: LORA CAMPBELL  |                               |
| Address: _  | 9387 SOUTH BELFORT CIRCLE   |                               |
| _           | TAMARAC, FLORIDA 33321  | -                             |
| Secretary:  | MARTINE CADET   |                               |
| Address: _  | 201 NW 43 TERRACE # 107, LAUDERHILL, FLORIDA 33313  |                               |
| Treasurer:  | LALINDRA JAYATILLEKE  |                               |
| Address: _  | P.O. BOX 5221, LIGHTHOUSE POINT, FLORIDA 33074  |                               |
| NOTE: I     | f necessary, you may attach an addendum to the application listing additional officers  |                               |
|             | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the control of the | the application)              |
| 14TA        | MARA JAYATILLEKE, PRESIDENT   |                               |

. -- -- -- -- --

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

## Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIGMABELL CORPORATION" 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 EIGHTH DAY OF FEBRUARY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIGMABELL CORPORATION" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 1997.



Darriet Smith Windson

Harriet Smith Windsor, Secretary of State

2825224 8300

020074063

AUTHENTICATION: 1603094

DATE: 02-08-02