F0200003717

TRANSMITTAL LETTER

h		on Section of Corporations				
		Total Mable	Thanking	ted		
	SUBJECT:	(Name of c	corporation - must include su	ıffix)		
	Dear Sir or Madar	m:				
	The enclosed "Ap "Certificate of Ex to transact business	istence", and check are subr	ration for Authorization to T nitted to register the above r	eferenced foreign corpo	rida", pration	
	Please return all c	orrespondence concerning t	his matter to the following:	0000061 -07/01/t *****87	311700 2-01084-014 .50 *****87.50	
		<u>COYALOO</u>	(Name of Person)			
	Total	Cable To	parmate	\mathcal{A}		
			(Firm/Company)			
	400 /	0. Cambrio	getive_			
	Maral		(Address)		OZ,	
	verm	nor, red	City/State and Zip code)			
		, (c	ity/State and Zip code)		FILE 22 P 28 P 28 SSEE	
For further information concerning this matter, please call:						
~	1 1 1 -	- 1	; 201 - 10	A 1-77	≃ 4 N	
	Bonnie	CUYALOS at	(Area Code & Daytime T	Calanhone Number)		
	(Name o	f Person)	(Area Code & Daytime 1	rejeptione (valuoer)		
Name Availability	STREET ADDR Registration Sect	idn	MAILING ADI Registration Sec Division of Corp	ction (NG)	the Inc.	
Document	Division of Corp. 409 E. Gaines St.	•	P.O. Box 6327	31	Jak Wife prison	
Examiner	TallahasseeDEL	32399 -	Tallahassee, FL	32314	RA	
Updater	Enclosed is a che	ck for the following amount	t:			
Ottob er Verifyer	☐ \$70.00 Filing ○CC	Fee S78.75 Filing Fe Certificate of S			of Status &	
ic' no vied	gement DCC			Ceruneu C	~ _₹ ,	
₩. P. Verif	yer DCC					

L05000003J1J



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 2, 2002

BONNIE ZURAWSKI TOTAL CABLE INCORPORATED 806 N CAMBRIDGE AVE VENTNOR, NJ 08406

SUBJECT: TOTAL CABLE INCORPORATED

Ref. Number: W02000019164

We have received your document for TOTAL CABLE INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

You can only have 1 registered agent on our data base. Please delete one name and address.

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) 245-6913.

Diane Cushing Corporate Specialist

Letter Number: 802A00041798

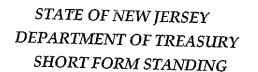
- a more coop m 11 Laure Marida 2021/

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. Total able Timeron rated
(Name of corporation; must include the word "INCORPORATED" "COMPANY" "CORPORATED"
notes of aboreviations of like import in language as will clearly indicate that it is a corporation in the line of
natural person or partnership if not so contained in the name at present.)
2. <u>New Jersey</u> 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/31/01 5. Derpetua)
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon (Sun) Fination (Date first transacted business in Florida, 15 committed)
(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. Sole N. Cambridge Ave. Ventnor not 084010 Es 8
(Principal office address)
TOUR TO. CUM DELOGE HIVE. YENTOUR YOU TOUT
(Current mailing address)
· Mahlo TT Mansteration / Calla
(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: BONNIE CUYOUSCI
Office Address: 278 Markilus Ave
Daytona Black Black 32118
, Florida
(Exp 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 service agent and agree to act in this capacity. I
duties, and I am familiar with and accept the obligations of my position as registered agent.
(AMARAIO LUQUAMA).
(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
bearing of branch of branch by the secretary of state of other official having criefody of sometimes and in the interest of the secretary of state of other official having criefody of sometimes and the secretary of state of other official having criefody of sometimes and the secretary of state of other official having criefody of sometimes and the secretary of state of the secretary of state of other official having criefody of sometimes and the secretary of the secretary of secretary of the se
under the law of which it is incorporated.

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

A. DIRECTORS	•	
Chairman:		<u>, , _===</u> :
Vice Chairman:	And the second of the second o	
-		
Director:		
	TA'S	<u>- 1777</u> R
Director:		- FIL
	ÜC.	
B. OFFICERS		0 ·
President: KOZ	sext Tarmuski	•
Address: 300	D Cambridge Due Vovotor 17	7\121 1x 1
	The very long of the very liver , los is	03906
Vice President:	oppie Tomuse	
Address: Bhila	1) Jambardas Alvo Vantor MITZ	<u></u>
- 01-1	to complete verification of the	0000
Secretary:	The state of the s	
,	the state of the s	
· · · · · · · · · · · · · · · · · · ·		
		A PART OF THE PART
	N 0	
NOTE: If necessary,	you may attach an addendum to the application listing additional officers and/or directors.	
13 Whi	ll likallik iki	,
FAIRIA I. /	ature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. <u>101/1/18</u>	(Typed or printed name and capacity of person signing application)	



TOTAL CABLE INCORPORATED

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 October 31, 2001.

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:

Robert Zurawski 806 North Cambridge Avenue Ventnor City, NJ 08406

N TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this

Johnstramme

John E McCormac, CPA State Treasurer SECRETARY OF STATE
TALLAHASSEE, FLORIDA