F0200004355

		474	-	
TO: Registration Se Division of Cor				
SUBJECT:	SEQUIAM C	ORPORATION		
		on - must include suffix)		
Dear Sir or Madam:		•		
The enclosed "Applicate "Certificate of Existence to transact business in F	ion by Foreign Corporation for e", and check are submitted to lorida.	Authorization to Transact E register the above referenced	Business in Florida", I foreign corporation	
Please return all corresp	ondence concerning this matte	r to the following:	∌ ∽ 6	3
MARK MROCZKOWSKI (Name of Person)				
	(Name of	f Person)		े <u>म</u> ा उ
		CORPORATION) H	
	(Firm/Co	mpany)	500	₹ Ü.
	300 SUNPART	- /AN &		
	300 SUNPORT	ress)		37
		FC 32809	7	
	(City/State	and Zip code)		_
For further information	concerning this matter, please of	eall: 80C	00733412	:83 _::
an / an /		_	-08/26/020103/ ****207.50 ***	+004 0**78.75
MARK MRXZ Cox (Name of Perso	-1h' at (407) 240-6139		
(Name of Perso	n) (Area t	Code & Daytime Telephone	Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	S .	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	F02-4	355
Enclosed is a check for t	he 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	ż

FF \$70 Cus 8,76

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. SEQUIAM 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.) (State or country under the law of which it is incorporated) (Date of incorporation) 5. (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.) (Principal office address) (Current mailing address) (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) Office Address: 300 Support (ANL CREADO, Florida 3280°

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 addresses of officers and/or directors:

. DIRECTORS	
nairman: Nocoltas Van den Brekel	
Idress: 200 SUNPORT LANE	
ORLANDO FL 32F09	
ice Chairman:	
ddress:	<u></u>
irector: Mark Mroczkowski	<u>√</u> g 02
ddress: 300 Suport Grae	Z LUG
DRIANDO PR 32809	HASSE 72 FIL
irector: Richard Trapilo	
ddress: 300 Sunport Are	
GREGODO, FR 32809	30 te
resident: Nicolaas Van den Trubel ddress:	
ice President: MARK MRXX Kows (4)	
ddress: Structure and the stru	
ecretary: MARK MROCZ FOWS (Ci	
ddress: Same	
reasurer: MARK MRXX Konsky'	
address:	
NOTE: If necessary, you may attach an addendum to the application listing additional offi	
3. (Signature of Chairman, Vice Chairman, or any officer listed in number 12	of the application)
4. Mark Most tousk (Typed or printed name and capacity of person signing application	
Transf or printed name and conscity of person signing application	i b



SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

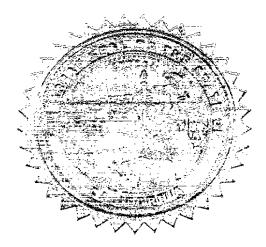
That on the 21st day of September, 1999, SEQUIAM CORPORATION became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 17, 2002.

BILL JONES Secretary of State

fr