F02000004711

TRANSMITTAL LETTER

| | | | | | | | | 1 | |
|-----------------------------|---|--------------------------|--|-----------|--|---------------|-----------------------------------|--|-----------------|
| TO: | Registra | ation Section | | | | r | 100 | | 1 |
| -0. | | n of Corporation | ons | | | | 170 | So. 4 | |
| SUBJ | ECT: | P&L Ameri | ca, Inc. | | | | Ų | 2000 AND | ج. |
| | _ | | (Name of co | orporatio | on - must include suffix) | |),,,,,, | - (3/) | , 'S |
| Dear | Sir or Mad | łam. | | | | | | Of. | 步 |
| Doar |)11 OL 1414C | tatti. | | | | | | | |
| "Certi | ficate of I | | l check are subm | | Authorization to Transac register the above referen | | | | |
| Please | return all | l corresponden | ce concerning th | is matte | to the following: | | | | |
| Ма | nfred Ho | ochfeld | | | | | | | |
| | | | (1 | Name of | Person) | | | <u> </u> | |
| Р& | L Ameri | ca, Inc. | | | · | | | | |
| | | | () | Firm/Co | mpany) | . | | | -1 |
| 825 | S. Bay | shore Drive | Unit 445 | | | | | | |
| | 4 | | | (Addı | ress) | · | | · | · <u>;</u> oar. |
| Mia | mi, FL 3 | 33131 | | | | | | | |
| | - | | (Cit | y/State a | and Zip code) 81 | -09/ | アアア1 16/02-0 **87.50 | | |
| For fu | rther info | rmation concer | ning this matter, | please o | all: | -112- | ********* | 4 | |
| | | | | - | | | | | |
| Man | fred Ho | chfeld | at.(| 850 | 284-6408 | | | | |
| | (Name | of Person) | | (Area (| Code & Daytime Telepho | one Numbe | r) | * = | **** |
| | | | | | | | | | |
| Regist Divisio 409 E. | ET ADD ration Secon of Corp Gaines S assee, FL | ction porations t. | | - | MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 | ns | | | |
| ı amall | 23300, FL | 34377 | | | Tallahassee, FL 32314 | t | | | |
| Enclos | ed is a ch | eck for the foll | lowing amount: | | | | | | |
| □ \$70 | .00 Filing | | 78.75 Filing Fee of Certificate of Stat | | \$78.75 Filing Fee & Certified Copy | Certif | Filing Fee, ficate of Stat | | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| <i>REGISTER A FO</i> 1. P&L Ame | | ACT BUSINESS IN THE STATE OF FLORIDA. | . ^> |
|-------------------------------------|--|--|----------------------|
| (Name of corpo | oration; must include the word "INCORPO | PRATED", "COMPANY", "CORPORATION" or clearly indicate that it is a corporation instead of a me at present.) 3. 59-3575038 (FEI number, if applicable) Perpetual | 3/5/2/2 |
| 2. Delaware | | 3 59-3575038 | Bo 9. |
| (State or country | y under the law of which it is incorporated) |) (FEI number, if applicable) | 1037 C |
| Februar | y 10th,1999 | 5. Perpetual | 70/8 |
| (Da | te of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") | <u>**</u> * <u>-</u> |
| _ Upon Qu | alification | | |
| (Date first trans | acted business in Florida. If corporation ha | as not transacted business in Florida, insert "upon qualification.") | |
| 825 C D | ayshore Drive #445 Miami, FL 3 | .1501, 607.1502 and 817.155, F.S.) | |
| | - | | 7 |
| 825 S B | (Principal office ayshore Drive #445 Miami, FL 3 | | |
| 020 0. D | | | 25. |
| | (Current mailing | g address) | |
| To engage | in any lawful act or activities for | r which corporations may be organized. | |
| · (Purpose | (s) of corporation authorized in home state | or country to be carried out in state of Florida) | |
| | | · | |
| . Name and <u>su</u> | Manfred Hochfeld | ent: (P.O. Box or Mail Drop Box NOT acceptable) | |
| Name: | ivianired nochield | | |
| Office Address: | 825 S. Bayshore Drive #445 | | |
| | Miami | 23134 | , |
| | (City) | , Florida (Zip code) | |
| | (Chy) | (Zip code) | |
| | agent's acceptance: | | |
| laving been nai esignated in thi | med as registered agent and to accept ; is application. I havely accept the app | service of process for the above stated corporation at the pointment as registered agent and agree to act in this capac | lace |
| urther agree to | comply with the provisions of all statu | comment as registerea agent and agree to act in this capac attes relative to the proper and complete performance of my | uy. 1 |
| uties, and I am | familiar with and accept the obligatio | ons of my position as registered agent. | |
| | | | |
| | M. Cleey! | | _ |
| _ | (Registered agen | nt'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:

| | Manfred Hochfeld |
|-------------|--|
| ess: | 825 S. Bayshore Drive #445, Miami, FL 33131 |
| _ | |
| Chair | man: |
| | "LAHON 6 |
| _ | SEPPO |
| tor: | |
| | |
| | |
| - tor: | |
| | |
| ess: . | |
| - | |
| FFI | CERS |
| dent; | Jan Hochfeld |
| ess: _ | 825 S. Bayshore Drive #445 Miami, FL 33131 |
| | |
| - Presid | dent: Manfred Hochfeld |
| ess: | 825 S. Bayshore Drive #445 Miami, FL 33131 |
| _ | |
| tary: | Jan Hochfeld |
| ess: _ | 825 S. Bayshore Drive #445 Miami, FL 33131 |
| urer: | Jan Hochfeld |
| ess: _ | 825 S. Bayshore Drive #445 Miami, FL 33131 |
| ,ss | |
| E: I | f necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| | |
| | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |
| | (orginated to the application) |

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "P & L AMERICA, INC." 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "P & L

AMERICA, INC." WAS INCORPORATED ON THE TENTH DAY OF FEBRUARY,

A.D. 1999.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.





Warriet Smith Hindson
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1977506

3003042 8300

020567955

DATE: 09-11-02