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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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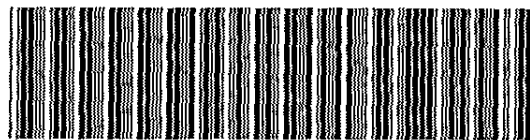
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CariTransfer, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marylin Pierre

(Name of Person)

(Firm/Company)

600 South Frederick Avenue, Suite 303

(Address)

Gaithersburg, MD 20877-1245

(City/State and Zip code)

For further information concerning this matter, please call:

Marylin Pierre

(Name of Person)

at (301) 417-6900

(Area Code & Daytime Telephone Number)

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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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
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. CariTransfer, Inc.
(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. New York 3. 11-3561400
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 18, 2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(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. 639 East 89th Street, Brooklyn, N.Y. 11236
Same as above (Principal office address)

(Current mailing address)
8. To conduct a money transfer business and/or any other business allowable
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) under laws of
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Martine Beau Plain
Office Address: 202 SW 5th Avenue
Boynton Beach, Florida 33435
(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.

Martine Beau Plain
(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.

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

A. DIRECTORS

Chairman: Carl Boromee

Address: 639 East 89th Street
Brooklyn, N.Y. 11236

Vice Chairman: Patricia Clervil Boromee
639 East 89th Street

Address: Brooklyn, N.Y. 11236

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Carl Boromee

Address: 639 East 89th Street
Brooklyn, N.Y. 11236

Vice President: Patricia Clervil Boromee
639 East 89th Street

Address: Brooklyn, N.Y. 11236

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Carl Boromee, President
(Typed or printed name and capacity of person signing application)

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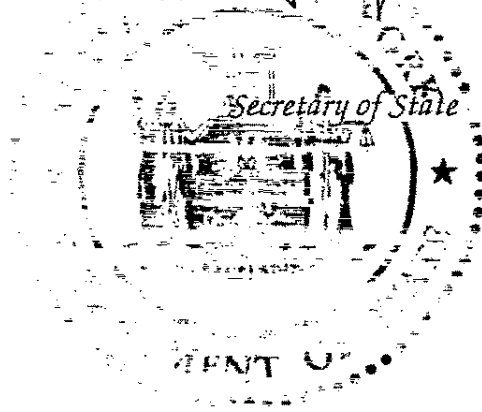
State of New York } ss:
Department of State

I hereby certify, that the Certificate of Incorporation of CARITRANSFER, INC. was filed on 08/15/2000, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 24th day of October
two thousand and two.*



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