F0300000/039

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



800013282798

ns/04/03--01004--018 **87.50



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: OUTSIDE CONNEC	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted to transact business in Florida.	
Please return all correspondence concerning this ma	tter to the following:
BRIAN CRINS	<u> </u>
(Name	of Person)
OUTSIDE CONNECTION (Firm/	Tic Eg #
(Firm/	Company)
217 A SUNFISE HIGH	UAL SES
(A	ddress)
ROCKVILLE CENTRE N. (City/Sta	1/1570
(City/Sta	te and Zip code)
	•
For further information concerning this matter, please	se call:
Beign Paus at 5	6764-4402
(Name of Person) (Are	ea Code & Daytime Telephone Number)
· · · · · · · · · · · · · · · · · · ·	•
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	Certified Copy \$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. OUTSINE CONNECTION TIVE. (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 foct. (State or couplry under the law of which it is incorporated) 3. (FEI number, if applicable)			
4. Det 3/ 200/ (Date of incorporation) 5. PERIZION (Duration: Year corp. will cease to exist or "perpetual")			
(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. 217 A SUNRISE HIGHWAY ROCKVILLE CENTRIE, N. J. 11570 (Principal office address)			
(Current mailing address)			
8. TELE Com SELVICE (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: HIG Corporate Services Inc.			
Office Address: 526 E. Park Ave, S. 200			
Tallahassee, FL, Florida 32301 (City) (Zip code)			
10. Registered agent's acceptance: Itaving 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.			

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. DIRECTORS	
Chairman;	3
Address:	94 By A
	4/0, 40
Vice Chairman:	35 Co. 44
Address:	S. S. S.
	Con the second
Director;	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
Address:	
Director;	
Address:	
B. OFFICERS	
	<u></u>
Address: MAPLE AVE	<u> </u>
BELLMOCK, M 11710 Vice President: MICHAEL SACKANS	
	at the second se
To the Control of the	· · · · · · · · · · · · · · · · · · ·
ST JAMES, MY 11780	
Secretary:	
Address:	
Treasurer:	<u> </u>
Address:	<u> </u>
NOTE: If necessary, you may attach an addendum to the application listing addition	al officers and/or directors.
13. School of Chairman and Street listed in sound	non 12 of the application)
(Signature of Chairman, Vice Chairman, or any officer listed in number of Chairman, Vice Chairman, or any officer listed in number of Chairman, Vice Chairman, or any officer listed in number of Chairman, Vice Chairman, or any officer listed in number of Chairman, Vice Chairman, or any officer listed in number of Chairman, Vice Chairman, or any officer listed in number of Chairman, Vice Chairman, Vice Chairman, or any officer listed in number of Chairman, Vice Chairma	oet 12 of the application)
14. BRIAN (RINS (RESIDENT) (Typed or printed name and capacity of person signing applied)	cation)

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of OUTSIDE CONNECTION, INC. was filed on 11/01/2001, 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 18th day of February two thousand and three.

Secretary of State

200302190078 59

