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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	-				
SUBJECT: Conen's Stone, Inc. (Name of corporation - must include suffix)	<u>.</u> .				
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:					
PAUL HUBBARD					
(Name of Person)	-				
COHEN? STONE Inc.					
Conten? Stones Inc. (Firm/Company)					
20423 S.R. 7 F6 # 528 3 50					
(Address)					
	_				
Boca Raton, FL 33498 (City/State and Zip code)	=				
(City/State and Zip code)	C				
) -t				
(City/Siate and Zip code) (City/Siate and Zip code) For further information concerning this matter, please call:	4				
PAUL HUBBARD at (56) 883-9414					
(Name of Person) (Area 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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy 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. COHEN ? STONE, 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.) (State or country under the law of which it is incorporated) 5. PERPLETUAL

(Duration: Year corp. will cease to exist or "perpetual") 10/18/1988 (Date of incorporation) (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.) DUPONT DOUER, DE (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: 9460-A BOCA GARDENS PKWY Beca RATON, Florida FL 33496
(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.

(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:

A. DIRECTORS				
Chairman:		<u> </u>		**
Address:	<u>العدار بهار المحاور المحاورة المحاور المحاورة المحاورة المحاورة المحاورة المحاورة المحاورة المحاورة المحاورة ا</u>	· · · · · · · · · · · · · · · · · · ·		
Vice Chairman:			<u>-</u>	
Address:				<u></u>
		<u> </u>		
Director:				 *****
Address:			<u>i</u>	
Director:			·	الايم المواجعة الموا المواجعة المواجعة ا
Address:				± .
				O Wy
B. OFFICERS				APR 2
President: YAUL HUBBA	RD	en na jama da sangaran ja angaran ja		
Address: 20423 S.	R. 7 F6 #5	7≥8	<u> </u>	宝 第
BOCH RATOR	A, FL 33490	e <u> </u>	·	
Vice President:		<u>. </u>		
Address:				·
				*·
Secretary:			<u> </u>	<u></u>
Address:		<u> </u>		<u> </u>
Treasurer:				
Address:		<u> </u>	<u> </u>	<u> </u>
NOTE: If necessary, you may attach an a	addendum to the applicatio	n listing additional offic	cers and/or dire	ctors.
13		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
$\hat{\Omega}$	Vice Chairman, or any offi		of the applicati	on)
14. TAUL HUBBAR (Typed or printed)	name and capacity of pers	son signing application)		

Delaware The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COHEN & STONE, 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 SIXTEENTH DAY OF APRIL, A.D. 2003.



Varriet Smith Hindson
Harriet Smith Windsor, Secretary of State

DATE: 04-16-03

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AUTHENTICATION: 2369396

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