F03000002473

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500018554985

05/16/03--01048--012 **70.00

O3 MAY 16 KY II: O6
DIVISION OF CANCE ANDW

DR

O3 MAY 16 PM 1: O2
SEURCIAL SEE FLORIDA
TALLAMASSEE FLORIDA



CT CORPORATION

May 16, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399 BY WAY IS BY IT OF

Re:

Order #: 5852640 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Jaffer Associates Corp. (DE)

Qualification

Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your $\overline{\text{help}}$.

Sincerely, Patina Jasman

Katrina Forsman Fulfillment Specialist

Katrina_Forsman@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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. Jaffer Associates Corp.					
	words or abbrev		leari	ED", "COMPANY", "CORPORATION" or ly indicate that it is a corporation instead of the present.)	
2.	Delaware		3.	56-2354538	Ĺ
	(State or country	under the law of which it is incorporated)	_	(FEl number, if applicable))
4.	May 8, 2	2003	5.	perpetual	
	(Dat	e of incorporation)	•	(Duration: Year corp. will cease to exist or "perpetual")	
6.	Upon qua	lification			
•	(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.	2801 N.V	V. 6th Ave., Miami, FL 33127		= -	
٠٠.		(Principal office	add	iress)	
	2437-1/2	University Blvd., Houston, TX 77	700	5	
		(Current mailing	add	dress)	
8.	Any lawful	purpose		三	
	(Purpose	(s) of corporation authorized in home state	or co	ountry to be carried out in state of Florida)	
9.	Name and str	eet address of Florida registered age	ent:	(P.O. Box or Mail Drop Box NOT accaptable)	
	Name:	CT Corporation		ATE OR	
Ot	ffice Address:	1200 South Pine Island Road			
		Plantation		Florida 33324	
		(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.

Jennifer K. Miller
(Registered agent's signature)

Jennifer K. Miller
Assistant Secretary

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	_,	03
nairman:	<u> </u>	The state of the s
ldress:	<u>-</u>	
as Chairman	_	The state of the s
ce Chairman:		\$ \$
Idress:	- <u>1.</u> <u>-12.</u>	· · · · · · · · · · · · · · · · · · ·
	<u> </u>	
rector:	***	
dress:		
		125
rector:		
dress:		, n , m
		声响
OFFICEDS		200 m
OFFICERS		
sident:		
dress:		
		
e President:James G. Turner		,,, <u> </u>
dress: 2437-1/2 University Blvd.,	Houston, TX 77005	
		· · · · · · · · · · · · · · · · · · ·
retary: Robert H. Whilden III		
dress: 2437-1/2 University Blvd.,	Houston, TX 77005	
asurer:		<u>. </u>
dress:		
NTE. If no agreement years may attack an a	Adandum to the configation listing addit	rianal afficers and/or directors
OTE: If necessary, you may attach an ac	adendmit to the application using addit	ional officers and of differors.
(Signature of Chairman V	rice Chairman, or any officer listed in n	umber 12 of the application)
. Secretary	name and canacity of nerson signing an	;

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JAFFER ASSOCIATES CORP." 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 FIFTEENTH DAY OF MAY,

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES THAT HAVE NOT BEEN ASSESSED TO DATE.

SEPTEMESSEE FLORIDA



Darriet Smith Windson Socratory of States

AUTHENTICATION: 2418583

DATE: 05-15-03

3652824 8300

030315843