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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NEW LIFELINE, INC. (Name of corporation - must include suffix)	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in "Certificate of Existence", and check are submitted to register the above referenced foreign coto transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
ALEY DE VENECIA (Name of Person)	
(Name of Person)	
MEW LIFELINE, INC. (Firm/Company)	03 HY 17
(Firm/Company)	7 7
38-11 69 STREET (Address)	
(Address)	3 31
	## 10: 37 8
(City/State and Zip code)	<del>-</del>
For further information concerning this matter, please call:	,,,
(Name of Person) at (718) 9261422 on 718- (Area Code & Daytime Telephone Number)	-205 9736
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee	ate of Status &

### 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. NEW	> LIFELINE, INC.			
words or abbrev		learly	D", "COMPANY", "CORPORATION" or indicate that it is a corporation instead of a resent.)	•
2. MEU	s yopk	3.	74-3082419	_
(State or country	under the law of which it is incorporated)	- ,-	74-3082419 (FEI number, if applicable)	-
4. 3-18	1, 7, 2001	_ 5	(Duration: Year corp. will cease to exist or "perpetual")	_
(Bat	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6. O	POR QUALIFICATION			_
(Date first transa	acted business in Florida. If corporation ha		transacted business in Florida, insert "upon qualification.") 607.1502 and 817.155, F.S.)	<u> </u>
7. <b>- F</b>	78-11 69 The	27	, wood SIDE , NEW YORK /	132-
	(Principal office	addr	ess)	777
	38-11 69 TIM	547	ess)	1137-
	(Current mailing	g addr	ess)	77
8	(s) of corporation authorized in home state	بمعماد	3,570	_
(Purpose	(s) of corporation authorized in home state	or cor		
9. Name and str	reet address of Florida registered ag	ent:	(P.O. Box or Mail Drop Box NOT acceptable)	
Name:	GREGORIO M. AX 509 WEST VER	JDT.	240A B	
Office Address:	509 WEST VER	<u> </u>	A 5710021 50 50 50 50 50 50 50 50 50 50 50 50 50	$\overline{m}$
	K1396 MnEE (City)			
	(City)		(Zip code)	
10. Registered :	agent's accentance:		φ.	

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:

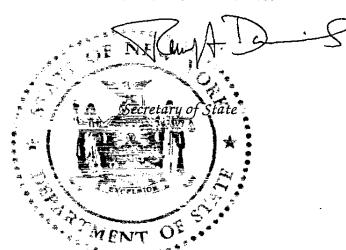
Address: 78-11 69 51 Met 1  WOOD 51 P6 , M.Y. 11373  Vice Chairman:  Address:  Director:  Director:		
Vice Chairman:  Address:  Director:  Director:		<del></del>
Address:  Director:  Address:  Director:		
Director:  Address:  Director:		<del></del>
Address:  Director:	<del> </del>	**-
Director:		
And the second s		
	03 <b>MAY</b>	
Address:	<u></u>	
B. OFFICERS  President: ALEY DE VENECIA	- O: -	
Address:	<u> </u>	
		<del></del>
Vice President: GPEGOIZID H. ANDIZADA  Address: 509 W. (/E/20NA GT.		214
Address: 509 W. (KIZDAR ST.  HISSIMMER FL. 34741		
Secretary: ALEY DE VELECIA		<del></del>
Address: 78-11 69 51, wood 8126, 17 11977		
Treasurer: ALEY DE VENE CIO  Address: 38-11 69 87, wood 31/12, My 1/377		<del></del> .
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or director		
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	)	
14. ALEY DE VENECIA - PPG 5. DENT (Typed or printed name and capacity of person signing application)		

# State of New York Department of State

I hereby certify, that the Certificate of Incorporation of NEW LIFELINE, INC. was filed on 09/10/2001, 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.

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Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of April two thousand and three.



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