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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	)
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

TO:	Registration Se Division of Co							
SUBJ	ECT:	intragate	corpora	ation	<u>-</u>			
		€Name o	f corporation	on - must include su	ıffix)			_
Dear S	Sir or Madam:				+			
"Certi		tion by Foreign Corp e", and check are su Florida.						
Please	return all corres	pondence concerning	g this matte	r to the following:				
MAT	HEW R. BR	OWN				To him		
<u> </u>			(Name of	Person)		F	03	_
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STRE	ET ADDRESS:			MAILING ADD	RESS:			
Registration Section Registration Section								
	Division of Corporations Division of Corporations P.O. Box 6327							
	assee, FL 32399			Tallahassee, FL	32314			
Enclos	sed is a check for	the following amoun	at:					
<b>□</b> \$70	0.00 Filing Fee	\$78.75 Filing F Certificate of	'ee & □ Status	\$78.75 Filing Fee Certified Copy	Cei	.50 Filing rtificate of rtified Cor	Statu	s &

## 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. intragate corporation	
(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. <b>DELAWARE</b> 3	
2. CState or country under the law of which it is incorporated)  (FEI number, if applicable)	
4. July 15, 2003  (Date of incorporation)  5. Respective  (Duration: Year corp. will cease to exist or "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.)	
``````````````````````````````````````	## T
(Principal office address)	-
1862 abssic actue, coral sacrales to 330ft	Seedland
(Current mailing address)	- T
	-
8. ENGAGE IN ANY LAWFUL ACTIVITY FOL WHICH COMPARTIONS AND SE DEGAN (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	THEN.
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	-
Name: MATTHEN R. BROWN	
Office Address:	-
(City), Florida 33071 (Zip code)	٠.,
(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.	
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.	
(h)	
4-124/1	
(Registered agent's signature)	
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application.	on 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: MATTHEN L. BROWN Address: 1862 CUSSIC OL COLAL SACIONS FL \_\_ 330F1\_\_\_\_\_ trown Vice Chairman: \_\_\_MAKG Address: 1862 CUSSIC DR., CORM SPAZIOS FL 33071 Director: \_ Address: \_ Director: \_ **B. OFFICERS** BROWN President: MATTHEW R. DL COLOR SPRENCES . FL 330F1 Vice President: MONJCA BROWN Address: 1862 UASSIC DR., CORN. SPAZIOS, PL 33071 Secretary: MONICA BROWN CORM SPECIOLS PL 33071 CLASSIC Brown Treasurer: MATTHEN DR., COAN SPICTAGS, FL 37071 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) BROWN , PASTONI 14.

(Typed or printed name and capacity of person signing application)

## Delaware

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTRAGATE CORPORATION" 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 2003.



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

3681223 8300

AUTHENTICATION: 2604937

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