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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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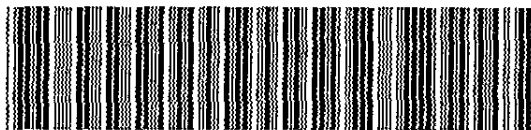
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2003 SEP -5 AM 11:15  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN SEP 8 2003

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARQUILA, INC  
(Name of corporation - must include suffix)

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:

MARGARITA CAPPELLETTI  
(Name of Person)

MARQUILA, INC  
(Firm/Company)

2562 SE SNAPPER STREET  
(Address)

PORT SAINT LUCIE FL 34952  
(City/State and Zip code)

For further information concerning this matter, please call:

WILLIAM P. LARKIN JR CPA at (205) 579-1520  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

2003 SEP -5 AM 11:15  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
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**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. MARQUILA, 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.)
2. PA 3. 23-2806282  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 3, 1995 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 4/1/03  
(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. 2562 SE SNAPPER STREET, PORT SAINT LUCIE FL 3495  
(Principal office address)  
SAME  
(Current mailing address)
8. OFFICE SERVICES  
(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: MARGARITA CAPPELLETTI  
Office Address: 2562 SE SNAPPER ST  
PORT SAINT LUCIE, Florida 34952  
(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.*

Margarita Cappelletti  
(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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: MARGARITA CAPPELLETTI

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: ANTHONY DAQUILA

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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HAWAIIAN SEEDS, FLORIDA

B. OFFICERS

President: MARGARITA CAPPELLETTI

Address: 2562 SE SNAPPER STREET  
PORT SAINT LUCIE FL 34952

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: ANTHONY DAQUILA

Address: 2562 SE SNAPPER STREET, PORT SAINT LUCIE FL 34952

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Margarita Cappelletti

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CHAIRPERSON & PRESIDENT

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

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

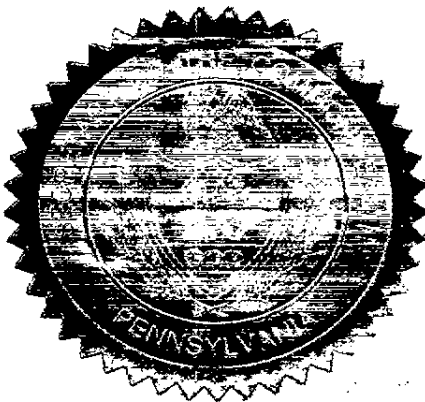
March 24, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MARQUILA, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I  
have hereunto set my hand and  
caused the Seal of the  
Secretary's Office to be affixed,  
the day and year above written.

ACTING

*Benjamin Raus*

Secretary of the Commonwealth

stmartz

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2003 SEP -5 AM 11:15  
JULY 10, 2003  
ALABAMA, FLORIDA