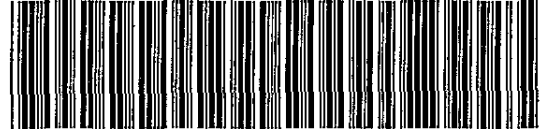


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STATE  
TALLAHASSEE, FLORIDA



200024150222

10/29/03--01034--001 \*\*70.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

W03-32384

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Office Use Only



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

FILED

03 DEC 15 PM 3:21

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

November 4, 2003

CHALRES MAURICE  
3325 SOUTH UNIVERSITY DRIVE  
SUITE 108  
DAVIE, FL 33328

SUBJECT: ICABS.COM, INC.  
Ref. Number: W03000032384

We have received your document for ICABS.COM, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 903A00059998

## TRANSMITTAL LETTER

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03 DEC 15 PH 3:21

STATE  
TALLAHASSEE, FLORIDA

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ICABS.COM, 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:

CHARLES MAURICE  
(Name of Person)

ICABS.COM, INC  
(Firm/Company)

3325 South University Drive, Suite 108  
(Address)

DAVIE, FL 33328  
(City/State and Zip code)

For further information concerning this matter, please call:

CHARLES MAURICE at (954) 424 6070  
(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

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

FILED

RECEIVED  
MAR 15 PM 3:21

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. ICABS.COM, INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ICABS.COM (FLORIDA), INC  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 134117433  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. FEB 25 2000 5. \_\_\_\_\_  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2003  
(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. 3325 SOUTH UNIVERSITY DRIVE, SUITE 100, DAVIE FL 33328  
(Principal office address)

AS ABOVE  
(Current mailing address)

8. BUSINESS CONSULTING/MARKETING  
(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: CHARLES MAURICE

Office Address: ICABS.COM, 3325 S. UNIV. DR. #100  
DAVIE, Florida 33328  
(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.*

C R Maurice  
(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

FILED

Chairman: S. MENORA 03 DEC 15 PM 3:22

Address: P.O. BOX 11028 HAR TUV, BEIT SHEMESH 99100.  
ISRAEL TALLAHASSEE, FLORIDA

Director Vice Chairman: JUAN SIGRA

Address: 6341 CONROY ROAD  
ORLANDO FL 32835

Director: RODGER POPKIN

Address: 3595 SHERIDAN ST, SUITE 107  
HOLLYWOOD FL 33021

Director: SAM MELINE

Address: 89 JUNIPER ROAD  
HOLLYWOOD FL 33021

B. OFFICERS

President: CHARLES MAURICE

Address: ICABS.COM, 3325 SOUTH UNIVERSITY DRIVE, SUITE 108  
DAVIE FL

Vice President: N/A

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

Secretary: CHARLES MAURICE

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

Treasurer: N/A

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

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

13. C R Mone  
(Signature of Director or Officer listed in number 12 of the application)

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

# Delaware

PAGE 1

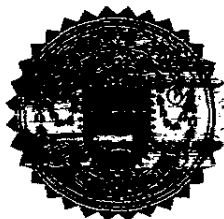
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICABS.COM, 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 FIFTH DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICABS.COM, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2000.



3182803 8300

030782559

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2791087

DATE: 12-05-03