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#### TRANSMITTAL LETTER

FO: Registration Section Division of Corporations
SUBJECT: 19 COMMUNICATIONS, 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 ransact business in Florida.
Please return all correspondence concerning this matter to the following:
KEITH ENGLISH
(Name of Person)
19 COMMUNICATIONS, INC.
(Firm/Company)
PO BOJ 1198
(Address)
PO BOL 1198  (Address)  GULF BALLEY FL 37561  (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (850) 916-4046  (Area Code & Daytime Telephone Number)
(Mea Code & Daytime Telephone Number)
Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Fallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\sigma\$ \$78.75 Filing Fee & \$\sigma\$ \$78.75 Filing Fee & \$\sigma\$ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy

### 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. 19 COMP	MUNICATIONS,	INC.			a de
		lude "INCORPORATED,	" "COMPANY," "CO	RPORATION,"	THE MAN CO
"Inc.," "Co.," "C	Corp," "Iric," "Co," or	"Corp.")			1/4 1/
					The second
<u></u>					ss in Florida)
(If name unavai	lable in Florida, enter	r alternate corporate name	adopted for the purpose	of transacting busines	ss in Florida)
2. DELAWA	PE	- 3	52-23	346157	07/2
(State or country	under the law of wh	ich it is incorporated) 3.	(FEI nu	ımber, if applicable)	By
					•
4. <u>OA</u>	e of incorporation)	5.	(Duration: Year corn	will cease to exist or	"nemetual")
					perpetual )
6.		ida. If corporation has not	DECEMBER !	7003	*****
(Date first transa		see Sections 607.1501			uanneation.")
_	•			· ·	. [1] Dun - 1
7		18 GULF BEEFE (Principal office add	PROY SUITE &	s but buent	1, 12 52561
	Po	Bax //98 Guz (Current mailing add	& BRUCH, FL	32562	
		(Current mailing add	ress)		
	4440				
8	MANUETING	horized in home state or co		C	<del></del> -
(Purpose)	(s) or corporation auti	norized in nome state or co	ountry to be carried out	in state of Florida)	
9. Name and str	eet address of Flor	rida registered agent:	(P.O. Box or Mail Dr	op Box <u>NOT</u> accept	able)
NI	Vhron Gu	USH			
				-	
Office Address:	1198 GULF B	PRESE PRINT SUTS	ne s		
				I	
	City	<b>H</b> .	, Florida _ 22	anda)	
	(City	Y)	( <b>Z</b> .p	code)	
10. Registered a	igent's acceptance	•			
		gent and to accept servi			
		eby accept the appointnovisions of all statutes r			
		he obligations of my po			munce of my unites,
•	•	,		•	
			÷		
		The contract of			
_	(Re	gistered 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:

# Chairman: Address: Vice Chairman;

A. DIRECTORS

Address:	A CO
Director:	77, 5
Address:	
Director:	
Address:	
B. OFFICERS	
President: Kush Enbutsh	
Address: 494 FT. PICKENS PO.	
YOU THOLK SUALLY PL SESLET	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the applic	ation listing additional officers and/or directors.
13	•
(Signature of Director or Officer listed in number	r 12 of the application)
14. Cryped or printed name and capacity of	PRISTOLUT
(Typed or printed name and capacity of	nerson signing application)

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

## Delaware

### The First State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "19 COMMUNICATIONS, 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 TENTH DAY OF DECEMBER, A.D. 2003.





Harriet Smith Windson

Harriet Smith Windsor, Secretary of State

3439844 8300

AUTHENTICATION: 2800656