F0400002301

(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:	
124	<u> </u>
159, 694, 671 4281	
Office Use Only	



700031830797

84/18 64 -01620--604 **70.00

OH APR 28 AM 8: 2:



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 15, 2004

MARK BACCASH 501 SOUTH FLAGLER DR STE. 302 WEST PALM BEACH, FL 33401

SUBJECT: OFFICE 1 SUPERSTORES INTERNATIONAL, INC.

Ref. Number: W04000014582

OL APR 28 AM 8: 28

We have received your document for OFFICE 1 SUPERSTORES INTERNATIONAL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 704A00024877

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations						
SUBJECT: OFFICE 1 SUPERSTORES INT (Name o		ONAL, INC. on - must include suffix	0	· -		
Dear Sir or Madam:						
The enclosed "Application by Foreign Co "Certificate of Existence", and check are s to transact business in Florida.						
Please return all correspondence concerning	this matte	er to the following:		TÄLLA	04 A	
MARK BACCASH	/Alama	of Person)		===	APR	
	(Name c	of Person)		SS	28	C.S. stelling
OFFICE 1 SUPERSTORES INTERNATIONAL	, INC.			Щ÷.	-	
		ompany)		11 c	=	11
				<u> </u>	င္ပာ	-
501 SOUTH FLAGLER DR., SUITE 302				R:	8	
	(Add	dress)		D'	ω	
WEST PALM BEACH, FLORIDA 33401						
WEST PAIN BEACH, PROXIDE 35401	(City/Stat	e/Zip code)				
	` ,					
For further information concerning this matter	please c	ali:				
MARK BACCASH	-4 (56	1)805-9151				
(Name of Person)	ar <u>150</u>	(Area Code & Daytir	ne Telephone Nu	ımber)		
(tame on observ		(nod code d Day	110 10100110110110			
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		P. O. Box 6	n Section Corporations			
Enclosed is a check for the following amount:						
X \$70.00 Filing Fee \$78.75 Filing F Certificate of S		\$78.75 Filing Certified Copy	_	Certific	Filing cate of ed Cop	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.	OFFICE 1 S	SUPERSTORES INTERNATIONAL, INC.		
	(Enter name of "Inc.," "Co.," "C	f corporation; must include "INCORPORATED," " Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
	···			
	(If name unav	ailable in Florida, enter alternate corporate na	me adopted for the purpose of transacting l	ousiness in Florida)
2.	DELAWARE		3. 06-1408452	
	(State or cour	try under the law of which it is incorporated)	(FEI number, if applica	ible) A
4.	7/24/1994		5. PERPETUAL	APR
		(Date of incorporation)	(Duration: Year corp. will cease to ex	ist or Derpetual
6.	JANUARY 1,	2004		Tie B
- •	(Date first train	nsacted business in Florida. If corporation has	not transacted business in Florida, insert "i	
		(SEE SECTIONS 607.1501, 6	307.1502 and 817.155, F.S.)	28 DRE
7.	501 SOUTH	FLAGLER DR., SUITE 302, WEST P	ALM BEACH, FL 33401	40
		(Principal of		
	SAME AS A	BOVE		
		(Current mai	ling address)	
8.		ION OF HOME OFFICE		
	(Purpose	e(s) of corporation authorized in home state or	country to be carried out in state of Florida)
9. (Name and <u>str</u>	eet address of Florida registered agent:	(P.O. Box or Mail Drop Box <u>NOT</u> accep	table)
	Name:	MARK BACCASH		
Of	fice Address:	501 SOUTH FLAGLER, SUITE 302		
		WEST PALM BEACH	, Florida 33401	
		(City)	(Zip code)	
10.	Registered	agent's acceptance:		
Hav	ing been name	d as registered agent and to accept service of		
des.	ignated in this bor some to co	application, I hereby accept the appointment omply with the provisions of all statutes relati	as registered agent and agree to act in the	his capacity. I
and	l am familiar i	with and accept the obligations of my position	ve to the proper and complete performant as registered agent.	ce or my dunes,
			-	
		(/////////		
	-	(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
Chairman: Mr. Mark M. Baccash
Address: 501 S. Flagler Dr. #302
West Palm Read FL 33401
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS HAPPEN TO THE PROPERTY OF THE PROP
President:
Address:
.0RI 22
Vice President:
Address:
Carreland
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. May
(Signature of Director or Officer listed in number 12 of the application)
14. MARK BACCASH, 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 "OFFICE 1 SUPERSTORES INTERNATIONAL, 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 THIRTIETH DAY OF MARCH, A.D. 2004.

Varriet Smith Hindson

Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 3022855

DATE: 03-30-04

2422195 8300

040203734