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TRANSMITTAL LETTER
TO: Registration Section Division of Corporations
SUBJECT: Barry Dunial C.P.A.P.C. (Name of corporation - must include suffix)
(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:
Barry Dunn
(Name of Person)
Barry Dunn C.P.A. P.C. (Firm/Company) 2614 Sawyer Terrace (Address)
(Firm/Company)
2614 Source Lacrace
(Address)
Wellington, Florida 32917
(City/State and Zip code)
For further information concerning this matter, please call:
BARY DUNN at (561) 422-3821
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
409 E. Gaines St. P.O. Box 6327
Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy 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.	Barry Dung C. P. A. P.C.
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
	"lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2.	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) New York (State or country under the law of which it is incorporated) (FEI number, if applicable)
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	8/8/2002 5. 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.)
7.	2614 Sauyer Terrace Wellington, Florida 33414 (Principal office address)
	(Principal office address)
	2619 Sawyer lessace, Wellington, Marida 33414 (Current mailing address)
	(Current manning address)
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Vlorida)
	(Fulpose(s) of comporation authorized in nome state of country to be carried out in state of promise)
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Barry lunn
^	ffice Address: 2614 Sauver Terrage
U	inice Address:
	Wellington, Florida 33414 (City) (Zip code)
	(City) (Zip code)
10). Registered agent's acceptance:
H	aving been named as registered agent and to accept service of process for the above stated corporation at the place
de	esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
fu	orther 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.
u	in a man juminum with und accept the outiguitons of my position as registered agent.
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	1/2m &
	(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: Barry Lung
Address: 2614 Sawyer Terrace
Wellington, Florida 33414
Vice Chairman:
Address:
Director:
Address: SGO T
79 5
Director:
Address:
750000
B. OFFICERS President: BASY VINE
Address: 2614 Samper Tollage.
Address: 2614 Sawyer Tessace. Wellington, Florida 33414
Vice President:
Address:
Secretary: BANJUAN
Address: 2614 Source Terrace Wellington, Florida 33414
Treasurer: BACY DAN
Address: 2614 Squyor Terrace Wellington, Florida 33414
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14
(Typed or printed name and capacity of person signing application)

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of BARRY DUNN C.P.A. P.C. was filed on 08/08/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of June

two thousand and four.

Secretary of State

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