# F0400000 3585

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	



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TAIT AHASSEE, FLORIDA

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Z.C.LITE		
(Name of corporate	tion - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	or Authorization to Transact Business in Flor o register the above referenced foreign corpo	ida", ration to
Please return all correspondence concerning this matt	er to the following:	
Moth hell Al How (Name	7	
(Name	of Person)	
ICLITE		
(Firm/C	Company)	PH e
168 Hickory 4	RUE	LA J
(Ac	ldress)	100 N
(Name J.C. Lite (Firm/O 168 Hickory Li (Ac Closter UJ	0762 9	SSE XXX
(City/Stat	e and Zip code)	The B
For further information concerning this matter, please	e call:	12: 28 5:A1 LORIDA
Moth Alhun ac	1,784 85f3	
(Name of Person) at (Are	a 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	S78.75 Filing Fee & S87.50 Filing Certified Copy Certificate Certified C	of Status &



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 27, 2004

MITCHELL ALKOW 168 HICKORY LANE CLOSTER, NJ 07624

SUBJECT: I.C. LITE INC Ref. Number: W04000020655

We have received your document for I.C. LITE INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days of 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: 404A00037156

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

COMPLIANCE WITH SECTION 607.1503, FLORID GISTER A FOREIGN CORPORATION TO TRANSA Z. C. L.	ACT BUSINESS IN THE STATE OF FLORIDA.
(Enter name of corporation; must include "INCORPORA" "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"
(If name unavailable in Florida, enter alternate corporate:	name adopted for the purpose of transacting business in Florida)
New Jease J State or country under the law of which it is incorporated	3. 22 360 7820
State or country under the law of which it is incorporated	(FEI number, if applicable)
July 21, 1998	5. De RPL+UA (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
Date first transacted business in Florida. If corporation ha	as not transacted business in Florida, insert "upon qualification.") 7.1501, 607.1502 and 817.155, F.S.)
100 menony las	10 C/C/FIX, 2010/61
(Principal office	x address)  = (15 fee 11 7 0 7 6 2 2 2 g address)
Comment of the	maddens
- (Carent maning	سر R anarcos)
seales to te	A S Q
(Purpose(s) of corporation authorized in home state	or country to be sacried out in state of Florida)
Name and street address of Florida revistored acc	ent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: ELVIS MILLIE	
Name: ELVIS MILLET	mg P
ice Address: 3/80 SW /32	AVE FU TO F
401/11/2000	77/2/7 RA 2
City)	Florida (7in code)
, -,	(2.1 <b>p</b> 0000)
gnated in this application, I hereby accept the appo	service of process for the above stated corporation at the place ointment as registered agent and agree to act in this capacity. I ites relative to the proper and complete performance of my duties; by position as recistered agent
	A Landing and Laboration with the
6/201	<i>f</i>

- 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:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS  President: Mitchell All	un
Address: 168 Hu Hom la	LP.
doster wo	17624 -
Vice President:	P.O. S
Address:	
	ASA 2
Secretary:	
Address:	
	28
Treasurer:Address:	
Audices.	
NOTE: If necessary, you may attach an addendum to the	e application listing additional officers and/or directors.
13. Milhaly alka	
(Signature of Director or Officer listed in	n number 12 of the application)
14. Mitchell Allica	
(Typed or printed name and capa	acity of person signing application)

## STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

I.C. LITE, INC. 0100752414

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on July 21, 1998.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2002

I further certify that the registered agent and registered office are:

Mitchell Alkow 168 Hickory Lane Closter, NJ 07624

Continued on next page . . .

