

F04000005423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

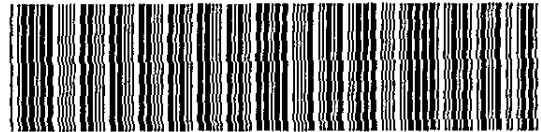
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W04-33299  
855 734, 671

Office Use Only

1150.00



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08/30/04--01051--018 \*\*70.00

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TALLAHASSEE, FLORIDA

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# TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AFFILIATE PROGRAMS, 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:

WARREN JOLLY, TREASURER

(Name of Person)

AFFILIATE PROGRAMS, INC.

(Firm/Company)

3540 W SAHARA AVE, STE. 726

(Address)

LAS VEGAS, NV 89102

(City/State and Zip code)

For further information concerning this matter, please call:

WARREN JOLLY

(Name of Person)

at ( 714 ) 593-0400

(Area Code & Daytime Telephone Number)

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 TALLAHASSEE, FLORIDA

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**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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 2, 2004

WARREN JOLLY  
3540 W SAHARA AVE STE. 726  
LAS VEGAS, NV 89102

SUBJECT: AFFILIATE PROGRAMS, INC.  
Ref. Number: W04000033299

We have received your document for AFFILIATE PROGRAMS, 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:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1150.00.

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: 804A00053292

## DUSTIN G. NEAL, CPA

949.723.0073

PO Box 689, NEWPORT BEACH, CA 92661-0689 DUSTIN@DUSTINNEALCPA.COM

MS. MARSHA THOMAS,  
DOCUMENT SPECIALIST  
C/O FLORIDA DEPARTMENT OF STATE,  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

SEPTEMBER 15, 2004

RE:

Subject: Affiliate Programs, Inc.  
Ref. Number: W04000033299  
Letter Num: 804A00053292

Dear Ms. Thomas,

Affiliate Programs, Inc. is a Nevada Corporation who applied for qualification to transact business in the state of Florida on or about August 25, 2004.

Presently, Affiliate Programs, Inc. employs 1 resident in the state of Florida. This employment began on June 24, 2004 and represents the only conduct of business by Affiliate Programs, Inc. in the state of Florida since the corporation's inception.

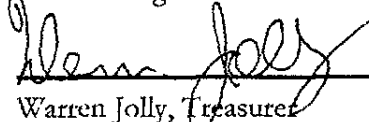
Due to a misunderstanding about the corporation's conduct of business and Florida Statute 607.1501, line 6 on the original application was incorrectly dated.

Please accept this corrected application that reflects the date business began in Florida, June 24, 2004. It is my understanding that your office has retained the original Certificate of Good Standing issued to Affiliate Programs, Inc. by the state of Nevada. Please contact me if you have additional questions regarding this matter.

Sincerely,

  
Dustin G. Neal, CPA

Acknowledged:

 9/16/2004  
Warren Jolly, Treasurer  
Affiliate Programs, Inc. Date

**Loose Certificate Attached**

Enclosures:

- 1) Letter dated September 2, 2004; From Marsha Thomas, Florida Department of State
- 2) Application By Foreign Corporation For Authorization To Transact Business In Florida

# 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. **AFFILIATE PROGRAMS, INC.**

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

AFFILIATE PROGRAMS ORLANDO, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **NEVADA**

(State or country under the law of which it is incorporated)

3. **81-0567848**

(FEI number, if applicable)

4. **8/23/2002**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **06/24/2004**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **3540 W SAHARA AVE, STE 726, LAS VEGAS, NV 89102**

(Principal office address)

3540 W SAHARA AVE, STE 726, LAS VEGAS, NV 89102

(Current mailing address)

8. **INTERNET ADVERTISING**

(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 NOT acceptable)

Name: LOUIS FABIANO

Office Address: 3390 MORELYN CREST CIRCLE

ORLANDO

(City)

, Florida 32828

(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.*

  
(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:

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TALLAHASSEE, FLORIDA

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SEP 15, 2004 12:14

**A. DIRECTORS**

Chairman: 32828

Address: CHAIRMAN: WARREN JOLLY

3540 W SAHARA AVE, STE 726, LAS VEGAS, NV 89102

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: LOUIS FABIANO

Address: 3390 MORELYN CREST CIRCLE, ORLANDO, FL 32828

Vice President: \_\_\_\_\_

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

Secretary: RAJ LAHOTI

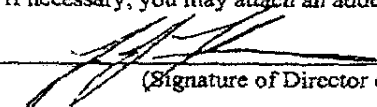
Address: 19627 S NICHOLAS AVE, CERRITOS, CA 90703

Treasurer: WARREN JOLLY

Address: 3540 W SAHARA AVE, STE 726, LAS VEGAS, NV 89102

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TALLAHASSEE, FLORIDA

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

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

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

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of ORANGE

ss.

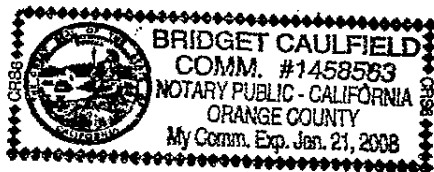
On Sept 16 2004, before me, Bridget Caulfield  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared WARREN TOLLY  
Name(s) of Signer(s)

☐ personally known to me

☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Bridget Caulfield  
Signature of Notary Public

Place Notary Seal Above

## OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

### Description of Attached Document

Title or Type of Document: AFFILIATE PROGRAMS REGARDING TRANSACTIONS BUSINESS IN FLORIDA

Document Date: 9-16-04 Number of Pages: 1 ATTACHED

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer

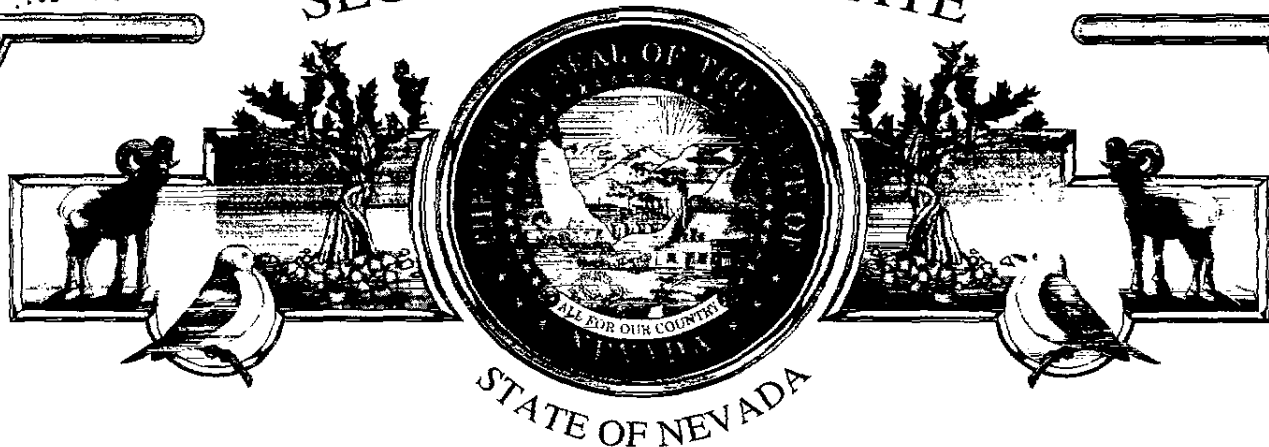
Signer's Name: \_\_\_\_\_

- ☒ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AFFILIATE PROGRAMS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 23, 2002, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on July 29, 2004.



*Dean Heller*

DEAN HELLER  
Secretary of State

By *Joann Dixon*

Certification Clerk