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	(Requesto	or's Name)	
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	(Address)		
	(City/State	e/Zip/Phone #)
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	(Business	Entity Name)
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		-
SUBJECT: UNIVERSAL DELIVERY SOLUTIONS, 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 transact business in Florida.	to	
Please return all correspondence concerning this matter to the following: RYAN F. COBLIN	***	
(Name of Person)		
UNIVERSAL DELIVERY SOLUTIONS, INC.		
(Firm/Company)		
9404 FOXTROT LANE 99 9	A B	
BOCA RATON, FL 33496 (City/State and Zip code)		
For further information concerning this matter please call:	· _	
(EN) 982-5244		
RYAN F. COBLEN (561) 883-5244 (Name of Person) (Area Code & Daytime Telephone Number)		i
STREET ADDRESS: Registration Section MAILING ADDRESS: Registration Section	in a ma	ਾਜ਼ਰੇ ;
Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount:	च्यार्थः वर्षे	<u> </u>
\$70.00 Filing Fee \$\Boxed{\sigma}\$78.75 Filing Fee & \$\Boxed{\sigma}\$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certificate of Status \$87.50 Filing Fee, Certificate of Status \$60.00 Certificate of Status \$1.50 Filing Fee & C	ns &	

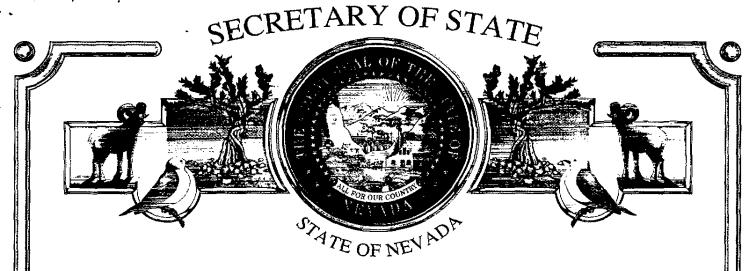
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	AL DELIVERY SOLUTIONS, INC. DRPORATED," "COMPANY," "CORPORATION,"
Enter name of corporation; must include "INCO "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.")	JRPORATED, _ "COMPANY," "CORPORATION,"
•	
	orporate name adopted for the purpose of transacting business in Florida)
NEVADA	3. (FEI number, if applicable)
	*
AUGUST 10, 2004	5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
UPON QUALIFICAT	70N oration has not transacted business in Florida, insert "uroor qualification.")
Date first transacted business in Florida. If corporate first transacted business in Florida. If corporate first transacted business in Florida.	oration has not transacted business in Florida, insert "uros qualification.") ONS 607.1501, 607.1502 and 817.155, F.S.)
(Princi	IE BOCA RATTON, FL 33192 5 ipal office address)
CAMAC	- L
(Curret	nt mailing address)
_	
Any law ful action	ome state or country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in he	ome state of country to be carried out in state of Florida)
Name and <u>street address</u> of Florida registe	ered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: KyAN F. COM	n to
ice Address: 9404 Fox	TROT LN.
BOCA RATON	, Florida 33496 (Zip code)
(City)	(Zip code)
Registered agent's acceptance:	
ving been named as registered agent and to	accept service of process for the above stated corporation at the pla
ignated in this application, I hereby accept	the appointment as registered agent and agree to act in this capacity
her agree to comply with the provisions of I I am familiar with and accept the obligation	all statutes relative to the proper and complete performance of my dons of my nosition as registered agent.
g :	and all the transfer and registerion affects

- 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: LEWIS G, PLAUT	
Address: 6352 VIA VENETIA NORTH	<u></u>
DELRAY BEACH, FL 33484	
Vice Chairman:	y Comment
Address:	
	<u></u>
Director: ADAM F. COBUTAL	
Address: 9404 FOX TRUT LAWE	<u></u>
BOTH RATION, FL 33496	,
Director:	
Address:	2 3 E
A S	8 1
COLUMN CO	2
B. OFFICERS	יון די די
President: LEWIS G, PLAUT	
Address: 6352 VIA VENETTA NORTH	. 5
DELRAY BEACH, FL 33484	3 x · · · · · · · · · · · · · · · · · · ·
Vice President: RYAN F. COBLIN	
Address: 9404 FOX YROT LANE	
BOCA RATION, FL 33496	
Secretary: KYAN F. COBCIN	<u> </u>
Address: 9404 FOXTROT/ANE, BOCA RATON, FL 33	3496
Treasurer: RYAN F. COBUN	<u></u>
Address: 9404 FOX TROT LANE, BOCA RATION, FL 3.	3496
, 	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
13	<u> </u>
(Signature of Director or Officer listed in number 12 of the application) 14. LELIS G. PLAUT, CHATRMAN + RESTO	FATT
(Typed or printed name and capacity of person signing application)	The state of the s



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, limited-liability companies, limited partnerships, and limited-liability partnerships 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, **UNIVERSAL DELIVERY SOLUTIONS, 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 10, 2004**, 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 Las Vegas, Nevada, on **August 10, 2004**.

Shardwa!

DEAN HELLER Secretary of State

Certification Clerk

