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

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TRANSMITTAL LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: OCEAN ACCESS TWOORPORATED (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:	
MICHAEL WELCH	
(Name of Person)	
OCEAN ACCESS INC	
(Firm/Company)	
PO BOX 5177	
PORTSMANTH NH 03802	
(City/State and Zip code)	
For further information concerning this matter, please call:	
MICHAEL WEICH at (603) 436-7584 5	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations Division of Corporations	
409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314	
Taliangosco, 1:0 Jabyy	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\sigma\$ \$78.75 Filing Fee & \$\sigma\$ \$78.75 Filing Fee & \$\sigma\$ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy	



Secretary of State

September 14, 2004

MICHAEL WELCH PO BOX 5177 PORTSMOUTH, NH 03802

SUBJECT: OCEAN ACCESS INCORPORATED

Ref. Number: W04000034226

We have received your document for OCEAN ACCESS INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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.

Letter Number: 504A00054692

Marsha Thomas Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

			TUTES, THE FOLLOWING IS SUBMITTED TO SINESS IN THE STATE OF FLORIDA.
I. OCER		3 C.	
(Enter name of co	rporation; must include "INCORPORA" rp," "Inc," "Co," or "Corp.")		"COMPANY," "CORPORATION."
			SERVICES TNC ORPORATED opted for the purpose of transacting business in Florida)
	AMPSHIRE under the law of which it is incorporated	3	(FEI number, if applicable)
		,	^
4. 19 Opte	of incorporation)	_ 5	Perpetual Duration: Year corp. will cease to exist or "perpetual")
6. <u>N/A</u>	· · · · · · · · · · · · · · · · · · ·		Duration. Fear corp. win cease to exist of perpetual)
			Florida, if prior to registration) 2, F.S., to determine penalty liability)
7. Po Box	5177 (105 BARTL (Principal offic		
Po Bo	(5)77 PORTSMO		NH 03862
	(Current mann)	& secure	
8. CONS.	TELLCTION		A St. O
		OT COM	ntry to be carried out in state of Florida)
9. Name and stree	t address of Florida registered agent:	(P.O.	Box NOT acceptable)
Name:	Thomas A. Collin	<u>s</u> .	— Es Z
Office Address:	1116 SE 17th TER	1	
•	CAPECORAL		
	(City)		(Zip code)
Having been nam designated in this further agree to co	application, I hereby accept the app	ointme utes rel	of process for the above stated corporation at the place ant as registered agent and agree to act in this capacity. I ative to the proper and complete performance of my duties, tion as registered agent.
_	(Samas C	2.	Coccius
	(Registered agent's sign	ature)	

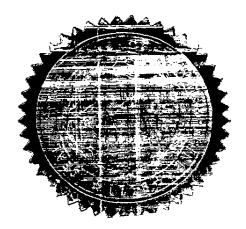
- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

· A. DIRECTORS			
Chairman: NIP	···		
Address:			-
Vice Chairman:			
Address:			
Director:			·
Address;		<u>.</u>	
Director:			
Address:			
B. OFFICERS	ゔ		
President: MICHAEL WEICH	ALC.	0+ 1	-
Address: 105 BARTLETT ST, PORTS MOUTH NH 03801		\$£	
	SSE	77	
Vice President: Sanu.	2	- PE	
Address:	85	2	
	Oř A		
Socretary: Same	e. ^	····	<i></i>
Address:			
Treasurer:Sanl			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officer	s and/or di	rector	S.
(Signature of Director or Officer listed in number 12 of the application)			
Minutage			
(Typed or printed name and capacity of person signing application)			

State of New Hampshire Department of State

CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify OCEAN ACCESS, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on November 17, 1985. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.



TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 30th day of August, A.D. 2004

William M. Gardner Secretary of State