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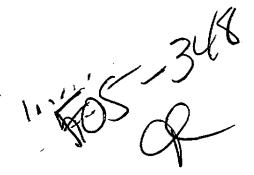
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12/22/04--01049--003 **70.00

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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 30, 2004

DAVID KLUGER 51 NESCONSET HIGHWAY PORT JEFFERSON STATION, NY 11776

SUBJECT: SERVICE ALLIANCE, INC.

Ref. Number: W04000047522

We have received your document for SERVICE ALLIANCE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

A brief description of the entity's nature of business must be included in the document.

The registered agent must sign accepting the designation.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 804A00072112

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Service Alliance, 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.	ı to	
Please return all correspondence concerning this matter to the following:		
David Kluger		
(Name of Person)	<u> </u>	
Service Alliance, Inc.		
(Firm/Company)		
51 Nesconset Highway		
(Address)	TAT IS	2
Port Jefferson Station, New York 11776	L CR	105
(City/State and Zip code)	ETARY ASSE	2005 JAN 21
For further information concerning this matter, please call:	E, FLO	P H 3:
David Kluger at (1-800) 535-1009		2 2
(Name of Person) (Area 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		- -
Enclosed is a check for the following amount:	•	
\$70.00 Filing Fee \$\sim \text{S78.75 Filing Fee & Certificate of Status}\$ \$78.75 Filing Fee & Certificate of Status Certified Copy \$87.50 Filing Fee, Certified Copy Certified Copy	 us &	

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.	Service Alliand	ce, Inc.		
		corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	±1.44 ± 21.4
	(If name unavail	lable in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)	- 4 - 4
2.	New York		3. 11-3403284	
	(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	I shaked.
4.	October 14, 20	004	5. <u>Derpetual</u>	
	(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6.	51 Nesconset	Highway, Port Jefferson Station, New Yo	ork 11776	_
			s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	• <u>F</u>
7.	51 Nesconset H	lighway, Port Jefferson Station, New Yor	k 11776	
•		(Principal office ac	ldress)	* (2F m) m.
		(Current mailing ac	idress)	720
8.	Light (Purpose(s	Demo (sheet rucking) of corporation authorized in home state or	country to be carried out in state of Florida)	2 NW 5
9.	Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)	I PH
	Name:	Jason Segovia	ORI	င္မာ
Of	Tice Address:	247 Deborah Court	Dmi	<u>පි</u>
		Alta Monte Springs	, Florida 03720	
		(City)	(Zip code)	- '
ΙΟ.	. Registered ag	gent'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:

A. DIRECTORS	•					
Chairman:				. ,		 .
Address:						 ,
<u></u>					· · · · · · · · · · · · · · · · · · ·	
Vice Chairman:	,		· · · · · · · · · · · · · · · · · · ·			 ,
Address:			- 1			
			· -			· .
Director:	•				.	
Address:					·	
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pirector:	#4f					
ddress:		2-2- 3				, .
	,		 			
esident: David Kluger ddress: 51 Nesconset Highway					·	
Port Jefferson Station, New York 11776		 ,				2006
ice President:					HASSE	JAW2
ddress:	, , , , , , , , , , , , , , , , , , , ,		÷,,		- [7 0	H.A.
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easurer:		4.	· ·			. •
OTE: If necessary, you may attach an added durb (Signature of Director or Offi	to the application.	re5		and/or dir	ectors.	
4. David Kluger	v 					
(Typed or printed name and	l capacity of person	signing ap	olication)		.	

State of New York Bepartment of State

I hereby certify, that the Certificate of Incorporation of SERVICE ALLIANCE INC. was filed on 10/06/1997, 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.

The Biennial Statement is past due.

Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of November two thousand and four.

Secretary of State

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