FDS 0000 02084

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





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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 24, 2005

DAVID SINGH 13347 120 STREET SOUTH OZONE PARK, NY 11420

SUBJECT: MASTER CONTRACTORS I INC.

Ref. Number: W05000015147

We have received your document for MASTER CONTRACTORS I INC. 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 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.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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: 005A00020324

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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (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: Office Address: 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:

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MASTER	Commercial INC. proporation - must include suffix)	
(Name of co	orporation - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corpora "Certificate of Existence," and check are submittransact business in Florida.	tion for Authorization to Transact Business in Florida," itted to register the above referenced foreign corporation to	
Please return all correspondence concerning this	is matter to the following:	
DR DAVID	D. SINGH	
	Name of Person)	
MASTER Con	Name of Person) PACTORY / INC. Firm/Company)	
0	Firm/Company)	
5. over Para (Cit	SMEET	
0	(Address)	
S. overte fans	K. N.Y.11420	
(Cit	ty/State and Zip code)	
For further information concerning this matter,	please call:	
DR. DAVIO D. SINGHOU (7/8) 238-438 (Area Code & Daytime Telephone Number)	
(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 P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
\$70.00 Filing Fee S78.75 Filing Fee Certificate of Sta		

A. DIRECTORS

Chairman:	U U. SING	·/ /	
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Address:	· · · · · · · · · · · · · · · · · · ·		
Director:			
Address:			
Director:			
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B. OFFICERS	•		
President:	O. SINGH	•	
Address: /33-4/2	0. SINGH 120 smets		
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Secretary: 5/4mic	ng K. SING	H	PR P
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Treasurer:			第 3 3
Address:			0: 5
	14-1		901
NOTE: If necessary, you	may attach an addendum to th	e application listing additional	officers and/or directors.
13.	X >>		
14.CHOIRMAN /	faulte of Director of Officer I	isted in number 12 of the applic	auon)
	vped or printed name and can	acity of person signing applicat	ion)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MASTER CONTRACTORS 1 INC. was filed on 10/31/2003, under the name of BIG DADDY'S LIQUOR & WINE CORP., 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 an existing corporation.

A Certificate of Amendment BIG DADDY'S LIQUOR & WINE CORP., changing its name to MASTER CONTRACTORS 1 INC., was filed 07/26/2004.



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

Secretary of State

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