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TRANSMITTAL LETTER

TO:	Registration S Division of Co				
SUBJ	ECT:	RIGHT WAY	CONCEPT	S INC.	
	·			tion - must include suffix)
Dear S	ir or Madam:				
"Certif		ice," and check are		or Authorization to Transa o register the above refere	act Business in Florida," need foreign corporation to
Please	return all corres	spondence concer	ning this mat	ter to the following:	
		N. JAMES	GRELLA C	.P.A.	
			(Name	of Person)	
		N. JAMES (GRELLA AN	ND ASSOCIATES	
			(Firm/C	Company)	
		9 LEGENDS	CIRCLE,		
				ldress)	
		MELVILLE,	NY 1174	17	
 				e and Zip code)	Presson
					<u> </u>
For further information concerning this matter, please call:				- 7	
N	. JAMES GR	RELLA	at (631) 242-0548	် ထ
	(Name of Per	son)	(Area	a Code & Daytime Teleph	none Number)
	Registration S Division of Co 409 E. Gaines Tallahassee, F	ection orporations St.		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Orporations 7
Enclos	ed is a check for	r the following an	iount:		
d \$70	.00 Filing Fee	☐ \$78.75 Filir Certificate		□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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) 2.	1.	RIGHT WAY CONCEPTS INC.							
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2. NEW YORK 3. 11-3551251 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 11/30/1999 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual") 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 61-02 SE LANDING WAY, BUILDING 11, UNIT 10, STUART, FL 34997 (Principal office address) 4 PURITAN AVENUE, MT. SINAI, NY 11766 (Current mailing address) 8. MORTGAGE BROKER (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: JOHN LEVANDI JR. Office Address: 61-02 SE LANDING WAY, BLDG 11, UNIT 10 STUART , Florida 34997									
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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 agont'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:

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of RIGHT WAY CONCEPTS, INC. was filed on 11/03/1999, 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.

Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of August two thousand and five.

Secretary of State

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