F05000006966

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
August of Section (1997)		
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: WELLFORD CO	RP.	
(Name of corpora	ation - must include suffix)	
Dear Sir or Madam:		•
The enclosed "Application by Foreign Corporation is "Certificate of Existence," and check are submitted to transact business in Florida.		
Please return all correspondence concerning this ma	tter to the following:	
STACEY D'BRIEN		
(Name	of Person)	
UNITED CAPITAL CO	3RP.	
`	Company)	
9 PARK PLACE		
(Ac	ddress)	87.5 57.5 57.5
GREAT NECK NY	11021	
(City/Stat	te and Zip code)	2 2 9
For further information concerning this matter, pleas	e call:	≥
(Name of Person) (Are	a Code & Daytime Telephone N	Jumber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	n ations
\$70.00 Filing Fee & Certificate of Status	Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 25, 2005

STACEY O'BRIEN UNITED CAPITAL CORP 9 PARK PLACE GREAT NECK, NY 11021

SUBJECT: WELLFORD CORP Ref. Number: W05000048659

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

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,300.00.

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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate 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) 245-6913.

Diane Cushing Document Specialist

Letter Number: 605A00064680

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 607.150 EIGN CORPORATION 1				TED TO	
INFI	-L-FORD (CORP.				
(Enter name of co	orporation; must include "IN orp," "Inc," "Co," or "Corp."	CORPORATED," "CO	OMPANY," "CORPORA	ATION,"		
(If name unavaila	ble in Florida, enter alternate	e corporate name adopt	ted for the purpose of tran	nsacting business	in Florida)	
	IADA	3	13.339	97318		
(State or country t	under the law of which it is in	ncorporated)	(FEI number,	if applicable)		
4. L	118/85	5.	lerler	uAL		
(Date	of incorporation) CORP. STARTER	(Du	ration: Year corp. will co	ease to exist or "	perpetual")	*
	FLA. UMBERAN A					
J	(Date first tran	sacted business in Flor	rida, if prior to registration. F.S., to determine penalty	n) ENDING liability) FORU	12/31/2000	AND
7. 9	PARK PLACE	= GRAT	- NECK NY		MHB) HON	E
		incipal office address)		-11 		
2	PARIL PLAG	E GREAT	NECK NY	1102/20	<u>~</u>	
	(Cu	rrent mailing address)	•		<u> </u>	
1 .	a Tre		·- ,			
8. Kelle	ESMITE INV	BIHEM		() File	2	
(Purpose(s)	of corporation authorized in	n nome sizite or country	to be carried out in state	of Florida)		
9. Name and <u>stree</u>	t <u>address</u> of Florida r <mark>eg</mark> ist	ered agent: (P.O. Bo	ox NOT acceptable)	% \$ ₩ 15 \$	***	
Name:	Corporation Serv	ice Company			0	
Office Address:	1201 Hays Street		-			
	Tallahassee		, Florida <u>32301</u>	_		
	(City))	(Zip code)			
designated in this	ent's acceptance: ed as registered agent and application, I hereby acc amply with the provisions	ept the appointment	as registered agent an	id agree to act	in this capacit	
	imiliar with and accept to					
	Corporation Serv	ice Company				
_B;	: 7) era Janni	<u></u>				

(Registered agent's signature)

Vera Norris, Authorized Representative
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

IN PRIVET OF ARMUNICA

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: _____ Address: Director: Address: **B. OFFICERS** President: ANTHONY MICELI PARIL PLACE GREAT NETIC MY 11021 Vice President: MICHAEL LAMONENI / MICHAEL LET 9 PANK PLACE CREAT NECK NY 1607, Secretary:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. (Signature of Director or Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



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, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts 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, WELLFORD CORP., 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 April 8, 1985, 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 on November 1, 2005.

DEAN HELLER Secretary of State

Cettification Clerk

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