

JAN. 5.2006 12:45PM

NO.818 P.2/6

Jan 05 11:26a
Division of Corporations

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Florida Department of State
Division of Corporations
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Electronic Filing Cover Sheet

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((H05000282140 3)))

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To: Division of Corporations
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FOREIGN PROFIT QUALIFICATION

ISLAND MANSIONS ~~LLC~~ INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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12/12/2005 9:04

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PAGE 001/001 Florida Dept of State



December 12, 2005

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CHECKMATE

SUBJECT: ISLAND MANSIONS LTD.
REF: W05000054503

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

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) 245-6043.

Joey Bryan
Document Specialist

FAX And. #: W05000282140
Letter Number: 505A00071379

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P.O. BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ISLAND MANSIONS, 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 to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LEAH HARN

(Name of Person)

CHECK MATE

(Firm/Company)

4411 BEE RIDGE ROAD, #257

(Address)

SARASOTA, FL 34233

(City/State and Zip code)

For further information concerning this matter, please call:

LEAH HARN

(Name of Person)

at 941 , 922-2801

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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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. ISLAND MANSIONS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK

(State or country under the law of which it is incorporated)

3. 14-1929482

(FEI number, if applicable)

4. MAY 6, 2005

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 89 WEST BAYBERRY ROAD ISLIP, NY 11751

(Principal office address)

SAME AS ABOVE

(Current mailing address)

8. ANY & ALL LAWFUL BUSINESS

(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: CHECK MATE CREDIT & INFORMATION BUREAU

Office Address: 4411 BEE RIDGE ROAD, #257

SARASOTA

(City)

Florida 34233

(Zip code)

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:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: **MICHAEL RISBERGS**Address: **89 WEST BAYBERRY ROAD
ISLIP, NY 11751**

Vice President: _____

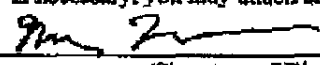
Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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)

14. **MICHAEL RISBERGS, PRESIDENT**

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

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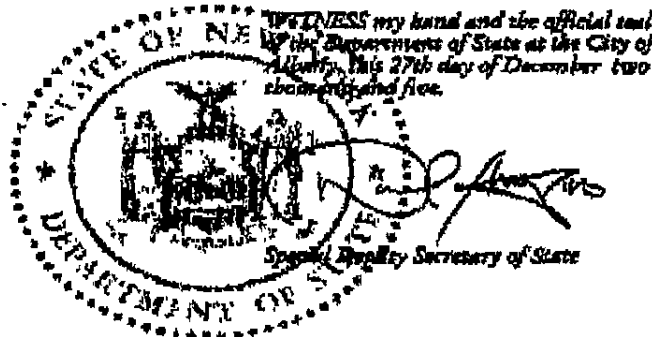
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**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of ISLAND MANSIONS INC. was filed on 05/06/2005, under the name of ISLAND MANSIONS LTD., 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 ISLAND MANSIONS LTD., changing its name to ISLAND MANSIONS INC., was filed 12/16/2005.



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