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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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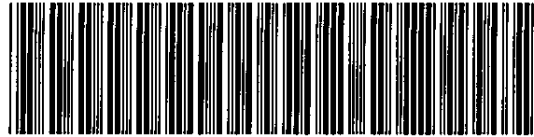
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATION
06 JUN 21 AM 9:27

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DIVISION OF CORPORATION
06 JUN 21 AM 9: 27

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHRONOCASH CORP

(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:

Michel Poignant

(Name of Person)

Chronocash Corp

(Firm/Company)

617 SW 13 th Avenue

(Address)

Fort Lauderdale, FL 33312

(City/State and Zip code)

For further information concerning this matter, please call:

Michel Poignant

(Name of Person)

at (1 201) 806 94 07 & 806 97 08

(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

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$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.*

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1. ChronoCash Corp
(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. Delaware 3. 98-0492751
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/30/04 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. July 01, 2006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 113 Barksdale Professional Center, 19711 Newark
(Principal office address)
Chronocash Corp, NAS 722, Po Box 025723, Miami, FL 33102-5723
(Current mailing address)

8. any lawful purpose
(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: Pacific Registered Agents, Inc

Office Address: 92 Sadberry Road
Quincy, Florida 32351
(City) (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.



Charles F. Mathias, President

(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: Michel POIGNANT

Address: Eastern Road, Nassau, Bahamas

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michel POIGNANT

Address: Eastern Road, Nassau, Bahamas

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

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

14. Michel POIGNANT

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

Delaware

The First State

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DIVISION OF CORPORATION

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHRONOCASH CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JUNE, A.D. 2006.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3904957 8300

AUTHENTICATION: 4827841

060576878

DATE: 06-15-06