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POILLUCCI AND KAHAN, P.C. CERTIFIED PUBLIC ACCOUNTANTS

HENRY J. POILLUCCI, JR., CPA ALLEN KAHAN, CPA 99 TULIP AVE. * SUITE 308 FLORAL PARK, N.Y. 11001

(616) 526-2970 (718) 895-2380 (718) 895-2381 (718) 895-6988 FAX (616) 326-1298 email: pktax@pk-tax.com

July 24, 2006

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

Resurs2 Corporation

Dear Madam or Sir,

We are the accountants for the above-referenced New Jersey corporation.

On behalf of our client, we are submitting an application for authorization to transact business in Florida.

This application is duly presented with the requested Certificate of Existence bearing New Jersey's State seal as well as the \$70.00 payment.

Please be kind enough to consider our client's application favorably.

We thank you in advance.

Sincerely,

Poillucci and Kahan, P.C.

Allen/Kahan

Certified Public Accountant

COVER LETTER

| TO: New Filing Section Division of Corporations | |
|---|---|
| | |
| SUBJECT: RESURS2 CORPORATION | |
| (Name of cor | poration - must include suffix) |
| | |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida. | or Authorization to Transact Business in Florida," to register the above referenced foreign corporation |
| Please return all correspondence concerning this m | natter to the following: |
| ALLEN KAHAN, CPA | |
| , (Nar | me of Person) |
| POILLUCCI AND KAHAN, PC | |
| (Fir | m/Company) |
| 99 TULIP AVENUE, SUITE 308 | |
| | (Address) |
| FLORAL PARK, NY 11001 | |
| | ate and Zip code) |
| | |
| For further information concerning this matter, pleas | eo call: |
| To further information concerning this matter, pleas | Se Call. |
| ALLEN KAHAN | 516-326-2970 |
| (Name of Person) at 3 | (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 8 Certificate of State | |

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.

| | CORPORATION | COMPANY # #COPCOPATION # | |
|--|---|--|--------------|
| "Inc.," "Co | ne of corporation; must include "INCORPORATED," ' .," "Corp," "Inc," "Co," or "Corp.") | COMPANY," "CORPORATION," | |
| | | | |
| | | | |
| (If name t | unavailable in Florida, enter alternate corporate na | me adopted for the purpose of transacting business in Flo | orida) |
| | | | |
| 2. NEW JEF | | 3. 20-4599091 | |
| (State or | country under the law of which it is incorporated) | (FEI number, if applicable) | |
| 4. 3-28-20 | | 5. PERPETUAL | |
| | (Date of incorporation) | (Duration: Year corp. will cease to exist or "perpetu | Jal") |
| 6 | | _ | |
| | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 | | |
| | (000 0000000000000000000000000000000000 | 2, 1.3., to determine perially liability) | |
| 7. 160 ESS | EX AVENUE EAST, AVENEL, NEW JERSE | | |
| | (Principal off | ice address) | |
| 160 ESS | EX AVENUE EAST, AVENEL, NEW JERSE | Y 07001 | |
| | (Current mail | ing address) | |
| | • | | THE 90 |
| - | ELECTRONICS | | |
| (Pur | cose(s) of corporation authorized in home state or | country to be carried out in state of Florida) | သမ္ |
| 9. Name and | street address of Florida registered agent: (P. | D. Box <u>NOT</u> acceptable) | CORPORATIONS |
| Na | me: BORIS SKOP | | F. A. |
| Office Addre | SS: 1340 SOUTH OCEAN BLVD, #203 | | <u>-</u> |
| Office Addre | 38. 1340 SOUTH OCEAN BEVD, #203 | | T 57 |
| | POMPANO: BEACH | , Florida <u>33062</u> | |
| | (City) | (Zip code) | |
| 10. Registe | red agent's acceptance: | | |
| | | process for the above stated corporation at the place | |
| | | as registered agent and agree to act in this capacity ve to the proper and complete performance of my dut | |
| | iar with and accept the obligations of my position | | 100, |
| ."1 | 00 | | |
| ار این از از از این از ای | Basken_ | | |

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Address: Director: **B. OFFICERS** President:BORIS SKOP Address: 1340 SOUTH OCEAN BOULEVARD, #203 POMPANO BEACH, FL 33062 Vice President: __ Address: Secretary: Address: Treasurer: Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) BORIS SKOP

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



RESURS2 CORPORATION
0100960854

06 JUL 31 PM 4:14

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on March 28, 2006.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Boris Skop 160 Essex Ave East Avenel, NJ 07001

Continued on next page . . .

