## F0600000 5905

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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CRETARY OF STATE
THANKSEF FLORID

D. WHITE SEP 1 4 2006

## **COVER LETTER**

	TO: New Filing Section Division of Corporations			
	SUBJECT: SELIM ASSOCIATIES INCORPORATION			
	SUBJECT: SFITM ASSOCIATISC INCORPORATION  (Name of corporation - must include suffix)  (ETN 52-2092287)  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:			
NEOC DINH				
	(Name of Person)			
	SELTM ASSOCIATIVES INCORPORATION			
_	(Firm/Company)			
•	3709 FIDELIS COURT (Address)			
	TRIANGLE, VA 22172  (City/State and Zip code)  For further information concerning this matter, please call:  NGOC DINH  (Name of Person)  (Area Code & Daytime Telephone Number)			
narga ret	GINA KHUC 703. 371. 8973			
	STREET/COURIER ADDRESS:  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  Enclosed is a check for the following amount:  MAILING ADDRESS:  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32301			
	\$70.00 Filing Fee \$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy  \$87.50 Filing Fee, Certified Copy  Certified Copy			

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SP. TION 607.1:05, FLURIDA STATUTES, THE FOLLOWING IS SUBMITTED 1'O REGISTER A FOREIGN CO. PORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Enter rame of corporation; ) sust highde "T. COR "ORATED,"
"Inc.," "Co.," "Corp," "Inc.," Co," or "Corp.") "COMPANY," "CORPORATION," ASSOCIATES: SELIMDK (If name unavailable in Flori is, enter alternote corporate name adopted for the purpose of transacting business in Florida) MARYCAND [Duration: Year corp. will cause to exist or "perpetual"; **NONE** (Ditte first unisacted business in Florida, if prior to registration) (S IE SECTIONS 607.1501 & 607.1502, F S., to determine penalty liability) Principal office address ( prent mailing address) REAL ESTATE Purpose(s) of corpor stion authorized in home state or country to be carried out it. state of Florida) 9. Name and greet address of Ficrida reg stored agent: (P.O. Box NOT acceptable) Name: Office Address:

10. Registered agent's acceptances

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 camply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with any accept the old ligations of my position as registered agent.

Registered agent's signature)

11. Attached is a cartificate of existence fully 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:

A. DIRECTORS		FILED	
Chairman:	MARGARET GINA KHUC	06 SEP 13 AM 12: 03	
Address:	3709 FIDELIS COURT	SECRETARY OF STATE	
**************************************	TRIANGLE, VA 22172	TALLAHASSEE, FLORIDA	
	110 - 5 - 11		
Address:	1 1 1 1		
		•	
Director:			
Director:	· · · · · · · · · · · · · · · · · · ·		
B. OFFICERS	S .		
President:			
Vice President:			
Address:			
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Secretary:	·		
Address:		<del> </del>	
Treasurer:	NGOC DINH THE GAME		
Address:	THE GAME		
NOTE: If now	essary, you may attach an addendum to the application listing additional c	.fc.	
13.	Majoret Gua Olus C (Signature of Director or Officer listed in number 12 of the applications)	ation)	
14.		·	
	(Typed or printed name and capacity of person signing applicati	on)	

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SELIM ASSOCIATES, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 11, 2006.

SECRETARY OF STATE ALLAHASSEE, FLORID

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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