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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** BoomerScape, 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:

William P. Avirett  
(Name of Person)

BoomerScape, Inc.  
(Firm/Company)

1445 NE 17<sup>th</sup> Avenue  
(Address)

Ft. Lauderdale, Fla. 33304  
(City/State and Zip code)

For further information concerning this matter, please call:

William Avirett  
(Name of Person)

at ( 954 ) 563-0895  
(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

1. BoomerScope, Incorporated  
(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. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/13/06 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1445 NE 17th Avenue Ft. Lauderdale, FL 33304  
(Principal office address)

Same  
(Current mailing address)

8. on line information and services for retirees and international travel  
(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: William Avirett

Office Address: 1445 NE 17th Ave.

Ft. Lauderdale, Florida 33304  
(City) (Zip code)

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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.

[Signature]  
(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:

**A. DIRECTORS**

Chairman: William Avirett

Address: 1445 NE 17th Ave.

Ft. Lauderdale, Fl. 33304

Vice Chairman: Eric Anderson

Address: 2532 Q St. NW #21

Washington DC 20007

Director: Steve Sikes

Address: 4070 Woodridge Rd.

Miami, Fl. 33133

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: William Avirett

Address: 1445 NE 17th Ave.

Ft. Lauderdale, Fl. 33304

Vice President: Eric Anderson

Address: 2532 Q St. NW #21

Washington, DC 20007

Secretary: Steve Sikes

Address: 4070 Woodridge Rd. Miami, Fl. 33133

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. William P. Avirett, Chairman and President

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

# Delaware

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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOOMERSCAPE INC." 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2007.

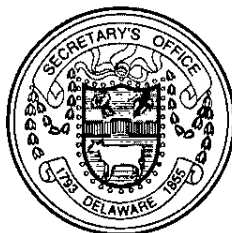
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOOMERSCAPE INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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07 MAR - 1 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Harriet Smith Windsor*  
AUTHENTICATION: 5432625  
Harriet Smith Windsor, Secretary of State

DATE: 02-14-07