F07000002702

(Re	equestor's Name)	_
(Ac	ddress)	
. (Ad	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	
_		-



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Sol Sold

SECRETARY OF STATE

T. Burch MAY 22

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: <u>LEISURE</u>	MANA	GEMENT	SERV	IICES AMERICA, INC.
(Name of corpora	tion - must inclu	de suffix)	·
Dear Sir or Madam:				
The enclosed "Application by Forei "Certificate of Existence," and chec transact business in Florida.				
Please return all correspondence cor	ncerning this matt	er to the followi	ng:	
NEIL	UDEN			
	(Name	of Person)		
LEISURE	MAH	AGEME	NT ST	GRUICES AMERICA, INC
1/15 CH	IERRYPAL	M LAN	<u>1E</u>	·····
1/15 CH	(Ad	ldress)		·
HOLLY	<i>WOOD</i> (City/Stat	FL 3	<u>3019.</u>	<u> </u>
	(City/Stat	e and Zip code)		
For further information concerning	his matter, please	e call:		
NEIL UDEN	at (95	4 923	34	01
(Name of Person)	(Are	a Code & Daytir	ne Teleph	one Number)
STREET/COURIER ADI New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301		New Divi P.O	/ Filing Se	orporations 7
Enclosed is a check for the following	g amount:			
	Filing Fee & [cate of Status	\$78.75 Filing Certified Co		\$87.50 Filing Fee, Certificate of Status & Certified Copy



May 11, 2007

NEIL UDEN 1115 CHERRYPALM LANE HOLLYWOOD, FL 33019

SUBJECT: LEISURE MANAGEMENT SERVICES AMERICA, INC.

Ref. Number: W07000022776

We have received your document for LEISURE MANAGEMENT SERVICES AMERICA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6928.

Tim Burch Document Specialist

Letter Number: 307A00033104

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.

(Enter name of c	CISURE MANAGEMENT SERVICES AMERICA, INC corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Corp," "Inc," "Co," or "Corp.")	-
`	lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) TE OF DELAWARE 3. 33-1139574 under the law of which it is incorporated) (FEI number, if applicable)	
4(Date	o6/05/2006 e of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	
6	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	-
7	1115 CHERRY PALM LANE HOLLYWOOD FL (Principal office address) 1115 CHERRY PALM LANE HOLLYWOOD FL (Current mailing address)	33019. 33019.
8. HAKDWAM/SO	(Current mailing address) PFTWARE DISTRIBUTION (s) of corporation authorized in home state or country to be carried out in state of Florida)	-
9. Name and street	eet address of Florida registered agent: (P.O. Box NOT acceptable)	F 1
Office Address:	NEIL UDEN 1115 CHERKYPALM LANG HOLLY WOOD , Florida 33019. (City) (Zip code)	FILED NY 21 PH 3
	HOLLY WOOD , Florida 330/9. (City) (Zip code)	34
Having been nan designated in this further agree to c	agent's acceptance: med as registered agent and to accept service of process for the above stated corporation at the is application, I hereby accept the appointment as registered agent and agree to act in this capa comply with the provisions of all statutes relative to the proper and complete performance of m or with and accept the obligations of my position as registered agent.	city. I
_	(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.

A. DIRECTORS Chairman: DONALD C HARTLEY Vice Chairman: NICOLA CICCARGLLI Address: 1115 CHERRY PALM LANG HOLLY WOOD EL 33019 Address: ___ Director: _ **B. OFFICERS** President: Neil Uden
Address: 1115 Cherrypalm Lane, Hollywood, FL 33019 Vice President: Address: ____ Secretary: ___ Address: ____ Treasurer: 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) Neil (Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors:

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY " LEISURE MANAGEMENT SERVICES

AMERICA, 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

EIGHTH DAY OF MAY, A.D. 2007.

2007 MAY 21 PM 3: 34
SECKLIAKY OF STATE
AND ANALYSEE OF ORDINA



1169316 8300

070534136

Warriet Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5657566

DATE: 05-08-07