(Pa	augstar's Name)	
(RE	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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- W	M-1551	28_
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300094889893

03/28/07--01029--001 **87.50

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: T FELIX CORPORATION	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact B "Certificate of Existence," and check are submitted to register the above referenced transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
TOM S. FELIX	
TOM 5. FELIX (Name of Person)	
T FELTX CORPORATION (Firm/Company)	
(Firm/Company)	
14493 SW 152 TERRACE	
MIAMI, FL 33177	
(City/State and Zip code)	
For further information concerning this matter, please call:	
TOM S FFITY " 305 213 - 2281	
Tom S. FELIX at (305) 213 - 2281 (Name of Person) (Area Code & Daytime Telephone	Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADD New Filing Section Division of Corporation of Corpora	on orations
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy	3 \$87.50 Filing Fee, Certificate of Status & Certified Copy



RECEIVED

FLORIDA DEPARTMENT OF STATE 32 AM 10: 27 Division of Corporations

May 18, 2007

OLPAKIMENT OF STATE DIVISION OF CORPORATURS TALLAHASSEF, FLORIDA

TOM S. FELIX T FELIX CORPORATION 14493 SW 152 TERRACE MIAMI, FL 33177

SUBJECT: T FELIX CORPORATION

Ref. Number: W07000015508

We have received your document for T FELIX CORPORATION and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6934.

Loria Poole Document Specialist

Letter Number: 707A00021617

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	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida	<u></u> a)
PENNSY	LVANIA	3 20-3983181	
(State or country	under the law of which it is incorporated)	3. <u>20 - 39 8 3 1 8 1</u> (FEI number, if applicable)	
12/3	0/2005	5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual"	
	of incorporation) H 26, 2007	(Duration: Year corp. will cease to exist or "perpetual")
	(Date first transacted busine	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
7. <u> </u>	(Principal office	address)	_
14493	SW 152 TERRACE	address)	
(Purpose(s	PNET SALES of corporation authorized in home state of the address of Florida registered agent: TOM 5. FELIX	or country to be carried out in state of Florida) (P.O. Box NOT acceptable)	
Office Address:	14493 SW 152 TERR	ACE STEE	
	MIAMI (City)	, Florida <u>33177</u> (Zip code)	_
Having been nam designated in this further agree to c	application, I hereby accept the appo		pacity. I

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.

2. Name	es and business addresses of officers and/or directors:
. DIRE	CTORS
hairman:	TOM S. FELIX
ddress: _	14493 SW 152 TERRACE
_	MIAMI, FL 33177
ice Chair	man:
_	
irector:	
idi 033	
rector:	
diess: _	
sident: dress: _	TOM S. FELTX 14493 SW 152 TERRACE
_	MIAMI, FL 33177
ice Presid	lent:
ldress: _	
_	
cretary:	
dress: _	
easurer:	
idress: _	
	f necessary, you may attach an addendum to the application listing additional officers and/or directors. Im I fully
	(Signature of Director or Officer listed in number 12 of the application) TOM 5 FELTX - PRESIDENT
	1000 C 1.E.C'INI 310 LX 116 AC [

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MAY 18, 2007

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

T FELIX CORPORATION, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 6707934-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp