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SECRETARY OF STATE
ALL AHASSEF FLORIDA

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COVER LETTER

Division of Corporations		
SUBJECT: Corner Company, Inc.		
(Name of corporation - must include suffix)		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Fl "Certificate of Existence," and check are submitted to register the above referenced foreign corp transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
Ismael Dasilva		
(Name of Person)		
Corner Company, Inc.		
(Firm/Company)		
2710 Thomas Ave., Suite 794	.,	
(Address)		
Cheyenne, WY 82001		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Colleen Taylor at (307) 459-1081		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations MAILING ADDRESS: New Filing Section Division of Corporations		
Clifton Building P.O. Box 6327	P.O. Box 6327 Tallahassee, FL 32314	
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
▼ \$70.00 Filing Fee \$78.75 Filing Fee &	e of Status &	



December 31, 2007

ISMAEL DASILVA 2710 THOMAS AVE., SUITE 794 CHEYENNE, WY 82001

SUBJECT: CORNER COMPANY, INC.

Ref. Number: W07000062517

We have received your document for CORNER COMPANY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Division of Corporations - P.O. BOX 6327 - Tallahassae Florida 32314

Letter Number: 307A00072093

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850-245-6804

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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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Wyoming 3. 65-1318982 (FE) number, if applicable) 4. 11/2005 (Date of incorporation) (Duration: Year corp, will cease to exist or "perpetual") (Duration: Year corp, will cease to exist or "perpetual") (Duration: Year corp, will cease to exist or "perpetual") (Duration: Year corp, will cease to exist or "perpetual") (Duration: Year corp, will cease to exist or "perpetual") (Duration: Year corp, will cease to exist or "perpetual") (Duration: Year corp, will cease to exist or "perpetual") (Duration: Year corp, will cease to exist or "perpetual") (Duration: Year corp, will cease to exist or "perpetual") (Duration: Year corp, will cease to exist or "perpetual") (SEE SECTIONS 607,1501 & 607.1502, P.S., to determine penalty liability) (Principal office address) 4421 Commons Dr. E. #\$ 208 Destin, FL 32541 (Current mailing address) (Current mailing address) (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: Collean Taylor / Matthew Prizzi Office Address: 4421 Commons Dr. E. #\$ 208 Destin (City) , Florida 32541 (City) , Florida 32541 (City) , Florida 42541 (City) , Florida 4264 (City) , Florida 4274	(Enter name of	Company, Inc. corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," Corp., ""Inc.," "Co, " or "Corp.")
(State or country under the law of which it is incorporated) 4. 11/2005 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability) 7. 2710 Thomas Ave., Sulte 794, Cheyenne, WY 82001 (Principal office address) 4421 Commons Dr. E. #\$ 205 Destin, FL 32541 (Current mailing address) 8. Marketing (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and attest address of Florida registered agent: (P.O. Box NOT acceptable) Name: Collean Taylor / Matthew Prizzi Office Address: Office Address: Oestin Florida 32541 (City) 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 acc in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties	(If name unavai	lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
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(Registered agent's signature)	Having been nam designated in this further agree to co	ted as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity. I omply with the provisions of all statutes relative to the proper and complete performance of my duties, with and accept the obligations of my position as registered agent.
(Registered agent a signature) 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to		<u> </u>

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:	ALCON ALL
A. DIRECTORS	TO THE PORT OF
Chairman: Ismael Dasilva	Top of
Address: 5 Van Cott Ave.	50.
Farmingdale, NY 11735	67.6
Vice Chairman: Theologos Themelakis	
Address: 2114 Steinway Street	₹
Astoria, NY 11105	
Director: Justin Sonntag	
Address: 1456 Gulf Winds Drive	
Gulf Breeze, FL 32563	
Director: Colleen Taylor	
Address: 434 Ridgewood Circle	
Destin, FL 32541	
B. OFFICERS	
President: Ismael Dasilva	
Address: 5 Van Cott Ave.	
Farmingdale, NY 11735	
Vice President: Theologos Themelakis	
Address: 2114 Steinway Street	
Astoria, NY 11105	
Secretary: Justin Sonntag	
Address: 1456 Gulf Winds Drive, Gulf Breeze, FL 32563	
Treasurer: Colleen Taylor	
Address: 434 Ridgewood Circle, Destin, FL 32541	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	l/or directors.
13. J., 1. dr SM	
(Signature of Director or Officer listed in number 12 of the application) 14 Ismael Dasilva, Director, President	

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

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Corner Company Inc.

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **November 30, 2005**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2005-000503446**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of December, 2007 at 10:21 AM. This certificate is assigned 002239321.



Maj Massiello
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.