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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUN 16 2008

## COVER LETTER

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

**SUBJECT:** Harlequin Capital Corp

(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:

Danielle Lettiere

(Name of Person)

Harlequin Capital Corp

(Firm/Company)

625 Middle Country Road, Suite 203

(Address)

Coram, New York 11727

(City/State and Zip code)

For further information concerning this matter, please call:

Danielle Lettiere

(Name of Person)

at ( 631 ) 451-0007 x 2#

(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

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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.*

**1. Harlequin Capital Corp**

(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. New York**

(State or country under the law of which it is incorporated)

**3. 20-8220520**

(FEI number, if applicable)

**4. January 9, 2007**

(Date of incorporation)

**5. Perpetual**

(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. 625 Middle Country Road, Suite 203, Coram, New York 11727**

(Principal office address)

**625 Middle Country Road, Suite 203, Coram, New York 11727**

(Current mailing address)

**8. Mortgage Broker**

(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: **InCorp Services, Inc**

Office Address: **17888 67th Court North**

**Loxahatchee**, Florida **33470**  
(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.*

Karen Castellon on behalf of INCORP SERVICES, INC.  
(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: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Danielle Lettiere

Address: 625 Middle Country Road, Suite 203

Coram, New York 11727

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

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

**B. OFFICERS**

President: Danielle Lettiere

Address: 625 Middle Country Road, Suite 203

Coram, New York 11727

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

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. Danielle Lettiere - President

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

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**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of HARLEQUIN CAPITAL CORP. was filed on 01/09/2007, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 03rd day of June two  
thousand and eight.*

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