# F08000004282

(Requestor's Name)
(
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TALLAHASSEE, FLORDA

L Burch (191, 111, 1800)

### **COVER LETTER**

TO: New Filing Section Division of Corporations					
SUBJECT: SONEKO USA	INC.				
(Name of corporation - must	include suffix)				
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Authoriza "Certificate of Existence," and check are submitted to register the transact business in Florida.	ation to Transact Business in Florida," e above referenced foreign corporation to				
Please return all correspondence concerning this matter to the following	llowing:				
TIMA BARIS (Name of Person)	ONEK				
(Name of Person)					
SONEKO Y	SAINC.				
(Firm/Company)					
1/6/5 CH/TWOOD (Address)	DR., UNIT D				
(Address)	770.404				
FORT MYERS 7	- <u>C33908</u>				
(City/State and Zip co	ode)				
For further information concerning this matter, please call:					
AMY BAHR at (732) 27 (Name of Person) (Area Code & D	7/-/7/0 EXT 10 C				
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314				
Enclosed is a check for the following amount:					
S70.00 Filing Fee S78.75 Filing Fee & S78.75 F Certificate of Status Certifie	S87.50 Filing Fee. Certificate of Status & Certified Copy				



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2008

TINA BARISONEK 11615 CHITWOOD DR UNIT D FORT MYERS, FL 33908

SUBJECT: SONEKO USA INC. Ref. Number: W08000044517

00 0CT -1 MH 85 00

We have received your document for SONEKO USA 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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.

Letter Number: 108A00051565

Tim Burch Regulatory Specialist II

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 60 EIGN CORPORATI					TED TO	2008	
i 5/	NEKO	115A	100				130	n
(Enter name of co	rporation; must include orp," "Inc," "Co," or "C	le "INCORPORATI	ED," "COMP	ANY," "CORPO	RATION,"			<u> </u>
	e t	•				FST.	th Hd	U
(If name unavaila	DNEKO ble in Florida, enter a	ternate corporate na	ime adopted f	or the purpose of t	ransacting business	in:Florid		
2. PEXI	USVL V		•	26-20	08522			
(State or country i	inder the law of which	it is incorporated)	-	(FEI numbe	er, if applicable)			
4/	1-12-200	38		Perpe				·
(Date	of incorporation)		(Duratio	on: Year corp. wil	cease to exist or "	perpetual'	')	
6.	8-23	2008						
		rst transacted busine ONS 607,1501 & 60						
7. 11615	CHITWO	(Principal office		DFOR	T MYC	RS.	老	- 3908
11615	HITWO	(Current mailing	address)	FORT	myee	S Æ	) 33°	708
8. RES	ALE/W) of corporation author	HOLESA rized in home state				LA	MF	5
9. Name and street	t address of Florida	registered agent:	(P.O. Box 1	NOT acceptable)				
Name:	AMELIA	2 BAHR						
Office Address:	2113 EN	YCREST +	0/_			•		
·	OVIEDO	(City)	, F	lorida <u>2</u> (Zip coo	(65 (c)			

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.

(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	d busin <b>e</b> ss	addresses	of officers	and/or	directors:
٠	•		•					

A. DIRE	CTORS	
Chairman:	MICHAEL BARISONEK	
	3124 Waterside Drive	
	Arlington TX 76017	200
	man:	a n
Address: _		- L
_		PESS 28 15
Director:		
		,
Director:		
Addicss		· · · · · · · · · · · · · · · · · · ·
B. OFFIC	CHARIES BARISONEK	
	11620 Navarro Way, HA Apt 2405	<del></del>
	Ft Myers FL 33908	
	ent: AMELIA BAHK	
	2163 Elmorest Place	
_	Quiedo Fl 32765	
Secretary:	CHRISTINA BARISONEK	
Address: _	11620 Navarro Way, Apt 2405.	FtMyers
Treasurer:		
Address: _		
NOTE: If	f necessary, you may attach an addendum to the application listing additional officers as	nd/or directors.
7	(Signature of Director or Officer listed in number 12 of the application)	
14. <u></u>	(Typed or printed name and capacity of person signing application)	

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SECRETARY OF STATE

**SEPTEMBER 10, 2008** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### SONEKO USA, 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