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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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### **COVER LETTER**

TO: New Filing Sec Division of Co			
SUBJECT: ICM N	IETWORK LTD CO.		
		- must include suffix	
Dear Sir or Madam:			
"Certificate of Existence	tion by Foreign Corporation for ce," or "Certificate of Good Stan poration to transact business in F	ding"and check are submitte	
Please return all corres	pondence concerning this matter	to the following:	
	ISAVELLA	KYPRI	
	Name of	Person	
	ICM NETWOR	K LTD CO	
	Firm/Com	pany	· · · · · · · · · · · · · · · · · · ·
	C/O ROBERGE & CO, 11	BEACH DR SE, # 220	
	Addre	ess	
	ST. PETERSBUR	RG, FL 33701	
	City/State a	nd Zip code	
	info@roberg	jeco.com	
	E-mail address: (to be used f	for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
SUSAN INEZ POS	KUS, CPA at ( 727	822-9393	
Name of Perso		Code & Daytime Telephone	Number
New Filing Sec Division of Co Clifton Buildin	rporations ng e Center Circle	MAILING ADD New Filing Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	n rations
Enclosed is a check for	the following amount:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Cop	\$87.50 Filing Fee, Certificate of Status & Certified Copy



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TOTAL DAY OF STATE

## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2012

SUSAN INEZ POSKUS 1 BEACH DR SE SUITE 220 ST. PETERSBURG, FL 33701

SUBJECT: ICM NETWORK LTD. Ref. Number: W12000033177

We have received your document for ICM NETWORK LTD., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees: \$35.00
Registered Agent
Designation \$35.00
Certified Copy \$8.75
Certificate of Status \$8.75

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

Please See application— 1+ has corp.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your tiling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 512A00017039

Division of Comparations DO DOY 6227 Tallahassas Florida 22214

### 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 unavail	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business	s in Florida)
. CYPRUS_		3. APPLIED FOR	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
NOVEMBER 27, 2009		5. "PERPETUAL"	
	of incorporation)	(Duration: Year corp. will cease to exist or "	perpetual")
JUNE 1, 201			
		ess in Florida, if prior to registration) 97.1502, F.S., to determine penalty liability)	
KIMONOS 40	), 3095 LIMASSOL, CYPRUS		
	(Principal office	address)	
1 BEACH DE	R SE - SUITÉ 220, ST PETERSB	3URG, FL 33701	
	(Current mailing	address)	
	TE DENTAL		
REAL ESTA		or country to be carried out in state of Florida)	
		•	7
Name and stree	t address of Florida registered agent: (	P.O. Box NOT acceptable)	
Name:	SUSAN INEZ POSKUS, CPA		1
ffice Address:	1 BEACH DR SE - SUITE 220	l	ے روں 2 وہ
Thee Address.	ST. PETERSBURG	, Florida 33701	
	(City)	(Zip code)	<u> </u>
		• •	40
) Danistanda	49		
	gent's acceptance:	prvice of process for the above stated corporate	tion at the n
aving been nam	ed as registered agent and to accept se	ervice of process for the above stated corporat intment as registered agent and agree to act in	

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: ISAVELLA KYPRI		
Address: 1 BEACH DR SE-STE 220		
ST. PETERSBURG, FL 33701		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: ISAVELLA KYPRI		
Address: 1 BEACH DR SE-STE 220		
ST. PETERSBURG, FL 33701		
Vice President:	12	<b>2</b>
Address:	JUL	
	-9	
Secretary:	Z ME	
Address:	):   	21.44
Treasurer:		1.5 ×
Address:		
NOTE: If necessary, you may attach a resolution to the optication listing additional officers and/or dir	ectors	<b>.</b>
13. (Signature of Discor or Officer listed in number 12 of the application)		
14. SAVELLA KYPF		
(Typed or printed name and capacity of person signing application)		



HE 258443

# MINISTRY OF COMMERCE, INDUSTRY AND TOURISM DEPARTMENT OF REGISTRAR OF COMPANIES AND OFFICIAL RECEIVER NICOSIA

4 April, 2012

#### **CERTIFICATE**

### ICM NETWORK LTD

It is hereby certified that, in accordance with the records kept by this Department, the above Company was registered on the 27 November, 2009 and is still on our Registry.

(Sgd.) R. EPIPHANIOU for Registrar of Companies