

# F9500000987

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)  
1406 Hays Street, Suite 2  
(Address)  
Tallahassee, FL 32301 (904) 656-3992  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

8100001420348  
-03/03/95--01027--0001  
\*\*\*\*175.00 \*\*\*\*175.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Leisure Facilities, Inc., V  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**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. Leisure Facilities, Inc., V  
(Name of corporation: the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. June 24, 1994 4. Perpetual  
(Date of Incorporation) (Duration)
5. Applied For  
(Federal Employer Identification number, if applicable)
6. Date of filing  
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. Suite 350, 2650 North Military Trail, Boca Raton, Florida 33431  
(Current mailing address)
8. Any lawful business  
(Brief description of the nature of the business in which it is engaged in the state of Florida)
9. Names and addresses of officers and or directors:
  - A. Directors:  
Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: John Luciani  
Address: Suite 350, 2650 North Military Trail, Boca Raton, Florida 33431  
\_\_\_\_\_  
Director: Bernard M. Rodin  
Address: Suite 350, 2650 North Military Trail, Boca Raton, Florida 33431  
\_\_\_\_\_

**D. Officers:**

**President:** John J. Land  
**Address:** Suite 350, 2650 North Military Trail  
Boca Raton, Florida 33431

**Vice President:** Bernard M. Rodin  
**Address:** Suite 350, 2650 North Military Trail  
Boca Raton, Florida 33431

**Secretary:** Bernard M. Rodin  
**Address:** Suite 350, 2650 North Military Trail  
Boca Raton, Florida 33431

**Treasurer:** Bernard M. Rodin  
**Address:** Suite 350, 2650 North Military Trail  
Boca Raton, Florida 33431

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

**Name:** National Corporate Research, Ltd., Inc.  
**Office Address:** 1406 Hays Street - Suite #2  
Tallahassee, Florida 32301  
Zip Code

**11. 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: [Signature]

**12.** 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.

**13.** [Signature] V.P.  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

**14.** Bernard M. Rodin, Vice President  
(Name and capacity of person signing application)

*Office of the Secretary of State*

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEISURE FACILITIES, INC., V" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 1995.

2000-1-27 10:22



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION

7421066

DATE

02-27-95