

F95000002554

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

900001497883
05/24/95--01032-010
****122.50 ****122.50

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

W9:-10815

1. The Transfer Foundation, Inc.
(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 checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2
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Examiner's Initials

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. The Transfer Foundation, Inc.
(Name of corporation: must include the word "INCORPORATED" 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 laws of which it is incorporated)
3. April 4, 1995 4. Perpetual
(Date of Incorporation) (Duration)
5. N/A
(Federal Employer Identification number, if applicable)
6. Upon Qualification
(Date corporation first conducted affairs in Florida. See sections 617.1501, 617.1502, and 617.155, F.S.)
7. c/o Studio Transfer, 207 Eleventh Street, Miami Beach, Florida 33139
(Current mailing address)

To create, support and underwrite projects related to the protection and
8. preservation of the rainforest.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Names and addresses of officers and/or directors:

A. Directors:

Chairman: Roberto Mitrotti
Address: c/o Studio Transfer
207 Eleventh Street, Miami Beach, Fl. 33139

Vice Chairman: Alessandro Mitrotti
Address: c/o Studio Transfer
207 Eleventh Street, Miami Beach, Fla. 33139

Director: _____
Address: _____

Director: _____
Address: _____

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TALLAHASSEE, FLORIDA

9. Officers:

President: Roberto Mitrotti
Address: c/o Studio Transfer
207 Eleventh Street, Miami Beach, Fl. 33139

Vice President: Alessandro Mitrotti
Address: c/o Studio Transfer
207 Eleventh Street, Miami Beach, Fl. 33139

Secretary: Alessandro Mitrotti
Address: c/o Studio Transfer
207 Eleventh Street, Miami Beach, Fl. 33139

Treasurer: Roberto Mitrotti
Address: c/o Studio Transfer
207 Eleventh Street, Miami Beach, Fl. 33139

(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: United Corporate Services, Inc.
Office Address: 801 Northeast 167th Street, Suite 300
North Miami Beach, Florida 33162
Zip Code: 33162

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TALLAHASSEE, FLORIDA

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: 

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 of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

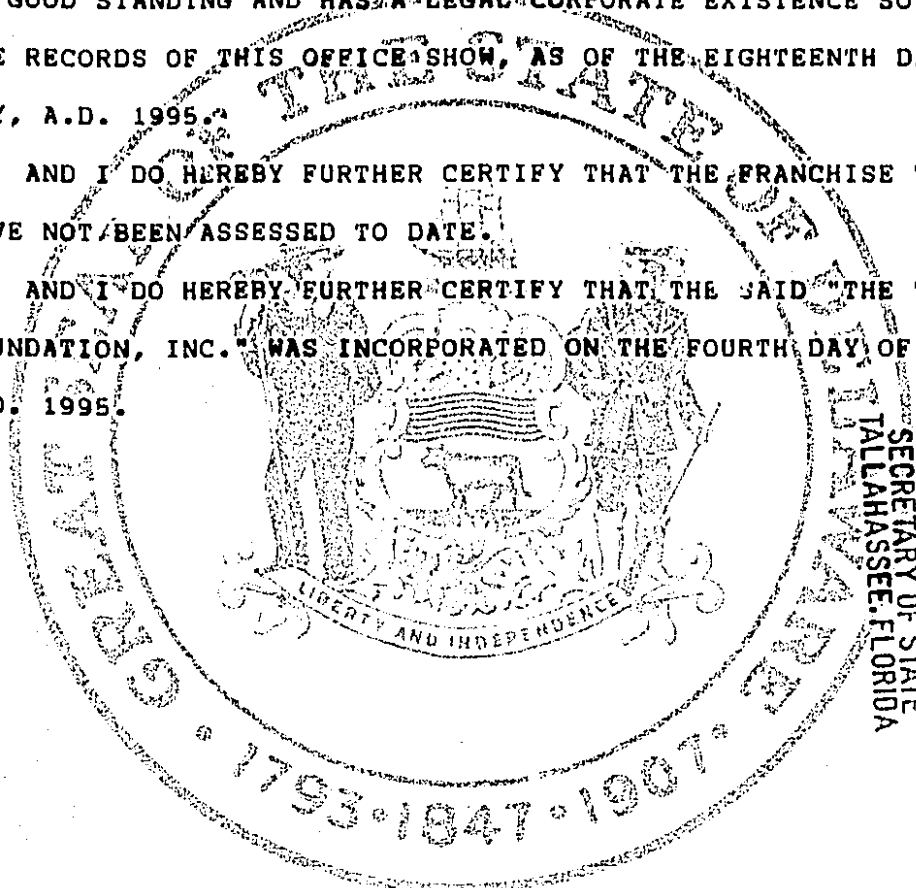
14. Roberto Mitrotti, President
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE TRANSFER FOUNDATION, INC." 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 EIGHTEENTH DAY OF MAY, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE TRANSFER FOUNDATION, INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 1995.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION

7509788

05-18-95

DATE