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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

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-05/26/95--01011--009
***78.75 ***78.75

SUBJECT: LAFFERTY & ASSOCIATES, INC.
(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:

Joe Lafferty
(Name of Person)
Lafferty & Associates, Inc.
(Firm/Company)
58 Redcoat Road
(Address)
Westport, CT 06880
(City/State and Zip Code)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Should you need to call someone concerning this matter, please call:

Joe Lafferty
(Name of Person) at (203) 226-7643.
Area Code & Daytime Telephone Number
FAX 221 0998

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32339

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. LAFFERTY & ASSOCIATES, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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 3. EIN # 06-1423534
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. APRIL 17, 1995 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. ASAP
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 58 Redcoat Road
Westport, CT 06880
(Current mailing address)
8. Consultants
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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9. Name and street address of Florida registered agent:

Name: Toni Withers
Office Address: 11643 NE 11th Place
Biscayne Park, Florida, 33161
(Zip Code)

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.

Toni Withers
(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 addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Joe Lafferty

Address: 58 Redcoat Rd
Westport CT 06880

Vice Chairman: _____

Address: _____

Director: Inger H Lafferty

Address: 58 Redcoat Rd.
Westport, CT 06880

Director: Toni Withers

Address: 11643 NE 11th Place
Biscayne Park, FL 33161

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Joe Lafferty

Address: 58 Redcoat Rd
Westport, CT. 06880

Vice President: Toni Withers

Address: 11643 NE 11th Place
Biscayne Park, FL 33161

Secretary: Inger Lafferty

Address: 58 Redcoat Rd
Westport, CT 06880

Treasurer: G.D. J. LAFFERTY

Address: 58 Redcoat Rd Westport CT 06880

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Joe Lafferty
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

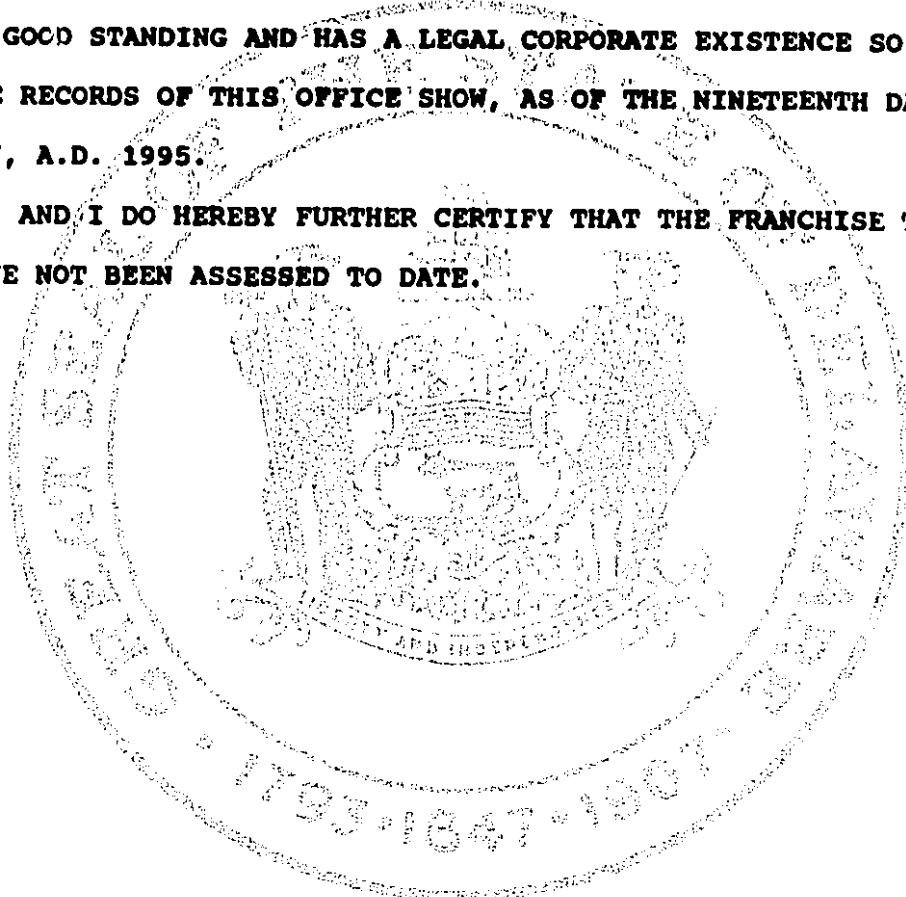
14. JOE LAFFERTY, President
(Typed or printed name and capacity of person signing application)

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAFFERTY & ASSOCIATES, 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 NINETEENTH DAY OF MAY, A.D. 1995.

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 10:46



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

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05-19-95