COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 24, 1996

DAN BEYCHOK CUDA MARINE INC. 1620 BAY RD. SARASOTA, FL 34239

SUBJECT: CUDA MARINE INC. Ref. Number: W96000008776

DIVISION OF CORFORATION

95 HAY -2 DIV 1. 1.

We have received your document for CUDA MARINE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list a specific date on line 6 of the application. "Undetermined" is not acceptable.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filling year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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 (904) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 096A00019275

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:

١.	CUPA MARINE INC.		
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" of words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of natural person or partnership if not so contained in the name at present.)	r f a	
2.	State or country under the law of which it is incorporated). (FEI number, if applicable)		
	(Date of Incorporation) 5. SCERPETUAL (Duration: Year corp. will cease to exist "perpetual")		
6.	(Date first transacted business in Plorida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	36 HA	HOISIAID BYCES
7.	1620 BAY ROAD	ζ,	
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) SARASOTA FL 34239 (Current mailing address)	PK 1: 17	OF STATE
3	BCAT \in ACC \subseteq SACES (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	,	s <i>n</i>
€.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box \underline{N} acceptable)	<u>OT</u>	
	Name: DAN BEYCHOK		
Office Address: 1620 BAY FOAO			
O. Registered agent's acceptance: (Zip Code)			

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 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: __ Address: ____ Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: ____DAV BEYCHOK Address: Vice President: Address: ____ Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

T, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CUDA MARINE L.C." 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 FIFTEENTH DAY OF APRIL, A.D. 1996.

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

96 MAY -2 PM 1:17

Edward J. Freel, Secretary of State

AUTHENTICATION:

7907195

960:07685

2609561 8300

DATE:

04-15-96