

F96000004143

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SAW CUTS, INCORPORATED
(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:

DOMINIC PICONE
(Name of Person)

SAW CUTS, INC.
(Firm/Company)

1741 NW 2 ST, #B.3
(Address)

DEERFIELD BEACH, FL 33442
(City/State/Zip)

6596-16085
200001907512
-07/30/96--01030--007
*****70.00 *****70.00

56 AUG 14 AM 9:39
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

255-14

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

DOMINIC PICONE at (954) 570 7747
(Name of Person) (Area Code & Daytime Telephone Number)

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



to:

FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

DB AUG 96
~~August 1, 1996~~

FROM:

DOMINIC PICONE
SAW CUTS, INC.
1741 NW 2 ST #B-3
DEERFIELD BCH, FL 33442

SUBJECT: SAW CUTS, INC.
Ref. Number: W96000016085

CORRECTIONS
ARE MADE.

We have received your document for SAW CUTS, 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):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and capacity of the person signing the document must be noted beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 296A00036852

**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:*

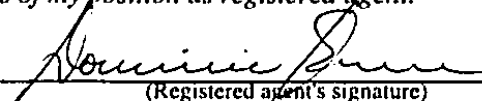
1. SAW CUTS, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW YORK
(State or country under the law of which it is incorporated)
3. 13 3729989
(FBI number, if applicable)
4. 08-13-93
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. NONE
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155-155.01))
7. DOMINIC PICONE
1741 NW 2 ST, #B3
DEERFIELD BCH. FL 33442
(Current mailing address)
8. MANUFACTURING, INSTALLING, FURNISHING, AND SELLING
ALL TYPES OF WOODWORKING AND CARPENTRY.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: DOMINIC PICONE

Office Address: 1741 NW 2ST, #B3
DEERFIELD BEACH, Florida, 33442
(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.


(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.

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TALLAHASSEE, FLORIDA

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: DOMINIC PICONE

Address: 1741 NW 2 ST, #B-3

DEERFIELD BEACH, FL 33442

Vice President: _____

Address: _____

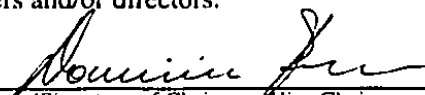
Secretary: _____

Address: _____

Treasurer: DOMINIC PICONE

Address: - SAME -

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

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

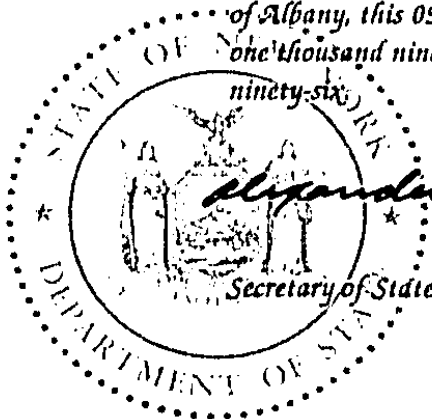
14. DOMINIC PICONE / PRESIDENT
(Typed or printed name and capacity of person signing application)

State of New York | ss:
Department of State

I hereby certify, that the certificate of incorporation of SAW CUTS, INC. was filed on 08/13/1993, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Statement of Addresses and Directors is past due.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 09th day of July
one thousand nine hundred and
ninety-six



Alexander F. Treadwell

Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA