

Corporate Records Bureau Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Florida's Internet Providing Services, Inc. 9607232645870

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Dear Sir or Madam:

Enclosed please find Application for Authority (and related documents, if appropriate) and our check in the amount of \$70.00 for Florida's Internet Providing Services, Inc..

Please file and return all related correspondence to my attention at the address listed above.

Please feel free to contact me directly at 1-302-575-0440, ext. 7003, with questions regarding the enclosed application.

Sincerely,

Laura J. Lockhart

Corporate Service Representative

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DIVISION OF CORPORATIONS

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## 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.	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.	State or country under the law of which it is incorporated)  3. (15-(14-(14-(14-(14-(14-(14-(14-(14-(14-(14
4.	7-123196 5. PERPETUAL (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
	(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.)
•	(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7.	Mahoney David I
	171157 Deleter Tool Wallenda Et 33414 & W
	(Current mailing address)
8.	(Current mailing address)  any lawful act of activity for which (or porations May be authorized (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida registered agent:
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Flories)
9.	Name and street address of Florida registered agent:
	Name. DAVID J. Mahoney III
	Office Address: 13453 Dubletree Trail
	Wellington, Florida, 33414-

## 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.

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

1	realized and department of animals are serviced.
A.	DIRECTORS
	Chairman: DAVID J. MAHONE! III
	Address: 13453 Doubletree Trail
	Welling for FL 33414
	Vice Chairman: Raymond S. Leventhal
	Address: 12 Black Oak Trail
	Vernon NT 07467
	Director:
	Address:
	Director:
	Address:
B.	OFFICERS
	President Raymond S. Leventhal
	Address: 12 Black Oak Trail
	Vernm NJ 0746Z
	Vice President DAVID J. Mahorley III
	Address: 13453 Doubletree Tr
	Wellington FL 33414
	Secretary: Staron J- Leverthal
	Address: 12 Black Oak Tr.
	Vernon NJ 07462
	Treasurer: Sharon J. Leventhal
	Address: 12 Black Cak Trail Vernon NJ 07462
	Vernon NJ 07462
NO1 and/	TE: If necessary, you may attach an addendum to the application listing additional officers for directors.
13	Kaymond S. F. J. El
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	Raymond S. Leventhal President & Vice Chairman (Typed or printed name and capacity of person signing application)
14.	(Typed or printed name and capacity of person signing application)

## State of Delaware

## Office of the Secretary of State

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Edward J. Freel, Secretary of State

AUTHENTICATION

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