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Dear Sir	or Madam:								
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Please re	eturn all corres	pondence c	oncerning this	matter to t	the followin	ıg:			
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	13377	ANTIL	LE DRIVE	lress)			-09/27/9		
	Boch	RATO	2 FL 3	3428 late/Zip)	·				•
Should y	you need to cal	l someone d	concerning this	s matter, p	lease call:	·		96 OCT	SECRE DIVISION
	T Amus	•			(561	.	Z-0455		뭐

COURIER ADDRESS:

TO:

Qualification/Tax Lien Section Division of Corporations

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

September 30, 1996

ROBERT ANTMANN R. ANTMANN, INC. 12377 ANTILLE DRIVE BOCA RATON, FL 33428

SUBJECT: R. ANTMANN, INC. Ref. Number: W96000020631

We have received your document for R. ANTMANN, 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 the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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 filing 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) 487-6958.

Lee Rivers Document Examiner

Letter Number: 296A00044751

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:

(Name of corporation; must include the word "INCORPORATED" words or abbreviations of like import in language as will clearly include a person or partnership if not so contained in the name at pre-	, "COMPANY", "CORPORATION" or licate that it is a corporation instead of a sent.)	-
2. NEW YORK 3. (State or country under the law of which it is incorporated)	(FEI number, if applicable)	
4. 3/3 % 5. (Date of Incorporation) 5. (D	uration: Year corp. will cease to exist or "perpetual")	
6. 9/20/96 (Date first transacted business in Florida. (SEE SECTIONS 607.15	"perpetual") 99	1510H (1517) 17138035 1
7. 12377 ANTILE DRIVE	73.	10 ABY 02 AB
Back Rarad, FL 33428 (Current mailing address	s)	STATE RATIONS
8. Confuter Consultation (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: acceptable)		Γ
Name: Robert Admidd		
Office Address: 12377 ANTILLE DR	<u>us</u>	
BOCA (CAMPU)	, Florida , <u>33428</u> (Zip Code)	
10. Registered agent's acceptance:	(Zip Code)	
Having been named as registered agent and to accept s corporation at the place designated in this application registered agent and agree to act in this capacity. I further all statutes relative to the proper and complete performan and accept the obligations of my position as registered agent	CP IN MIN MINIOS MAM I MAN TANNINA	stated ent as ons of r with

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.

(Registered agent's signature)

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: _ Roserv Address: __13377 ANTILLE DRIVE BOCA RAMW FL 33428 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 New York ss: **Department of State**

I hereby certify, that the certificate of incorporation of R. ANTMANN, INC. was filed on 03/30/1992, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upo.. such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

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

> > Secretary of State

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