TO: Qualification/Tax Lien Section Division of Corporations

PATESTECH CORP, (Name of corporation - must include suffix)

Dear Sir or Madam:	000019968106 -11/05/9601174005 *****70.00 *****70.00
The enclosed "Application by Foreign Corporation for Authoriz Florida", "Certificate of Existence", and check are submitted to foreign corporation to transact business in Florida.	ation to Transact Business in register the above referenced
Please return all correspondence concerning this matter to the fo	llowing:
Peter Sinykowski, (Name of Person) MA-JESTECH COR (Firm/Company) P.O. BO+440, Rte. 10 (Address)	P
Should you need to call someone concerning this matter places.	CRETARY LAHASSE
Should you need to call someone concerning this matter, please of Person at (9) (Area (Are	Code & Daytime Telephone Number)

COURIER ADDRESS:

SUBJECT: _

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

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned <u>Poter Smylcowski</u> , dethat this Resolution of the Board of Directors of <u>MAJESTECH</u>	o hereby certify - CORP.
a corporation duly organized and existing under the laws of the State of <u>N</u> was duly adopted on <u>October .29</u> , 19 <u>96</u> .	ew York.
Resolved, that <u>MAJESTECH CORP</u> , and existing in the State of <u>New York</u> , hereby adopts the name <u>MAJESTECH CORP. – NEW</u>	
Dated: 10/29/96 Signature of at least one director	96 HOV -5 PH 2: 15 SECRETARY OF STATE SECRETARY OF STATE

INHS19(3/95)

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:

ι.	MAJESTECH CORPORATION	
	(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) (FEI number, if applicable)	
4.	(Date of Incorporation) 5. perpotical (Duration: Year corp. will cease to exist or "perpetual")	
	December 1, 1996 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	
7.	P.O. BOx 440, Rto. 100 N.	
	Somers, N. V. 10589 (Current mailing address)	
8	10 open a wave house and to sell to wholosayors (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	~17°3
Δ	Normal and attract address of Florida materials and Co. 2.	
y .	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	-
	c/o Majestedi	
	Office Address: 10250 N.W. 8946 Ave.	
	Modley , Florida , 33/78 (Zip Code)	
10.	Registered agent's acceptance: (Zip Code)	
cor _i regi all	ving been named as registered agent and to accept service of process for the above stat poration at the place designated in this application, I hereby accept the appointment istered agent and agree to act in this capacity. I further agree to comply with the provisions statutes relative to the proper and complete performance of my duties, and I am familiar will accept the obligations of my position as registered agent.	as of
	Fruito Comeo	

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) Address: _ Vice Chairman: Address: _ Director: _ Address: __ Director: Address: _____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Vice President: Address: Secretary: Address: N. 4.10605 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) Smy Kow SKI (Typed or printed name and capacity of person signing application)

State of New York Department of State

I hereby certify, that the certificate of incorporation of MAJESTECH CORPORATION was filed on 02/12/1986, 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 upon 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 18th day of October one thousand nine hundred and

ninety-six.

199610210060 40

* Special Deputy Secretary of State

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