# F96000005846

LAW OFFICES OF
WACKEEN, CORNETT & GOOGE, P. A.

P O BOX 66 STUART, FLORIDA 34995

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Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):	oil
1. (Corporation Name) (Document #)	
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MENDMENTS AMENDMENTS	
Profit Amendment	
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Limited Liability Change of Registered Agent ************************************	0 *****70.00
Domestication Dissolution/Withdrawal	
Other Merger	
OTHER FILINGS PREGISTRATION QUALIFICATION	
Annual Report	
Fictitious Name Foreign	
Name Reservation  Limited Partnership  Reinstatement	
Trademark	

Other



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 25, 1996

WACKEEN, CORNETT & GOOGE, P.A. P.O. BOX 66 STUART, FL 34995

SUBJECT: WILDLIFE RESEARCH FUND INC.

Ref Number: W96000020284

We have received your document for WILDLIFE RESEARCH FUND 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):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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.

A brief description of the entity's nature of business must be included in the document.

Please list the name of the chairman in section 12.

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: 196A00044207

OVISION OF CONTRACTOR

### 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. WILDLIFE RESEARCH FUND 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.	STATE	OF DEL	<b>AWARE</b>
<b>64</b> 1	.,		VIALITY.

(State or country under the law of which it is incorporated)

3. A/A. (FEI number, if applicable)

4. 7/30/96 (Date of Incorporation)

5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. 3|37|94 (Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155,F.S.)

7. 7 mindoro Ct., Sheart, Pl 34996 (Current Mailing Address)

8. Real Estate Ownership/holdings
(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:

Name: Cyrus Kissling
Office Address: 7 Mindoro St.

Start, FL 34996

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 exister	ice duly auther	nticated, not mor	re than 90 day	n prior to
		ation to the Departi				
having	custody of cor	porate records in the	jurisdiction u	nder the law of v	vhich it is inco	rporated.

12.	Names and addresses of officers and/or directors: (Street address on	ly - PO Box NOT acceptable)
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A. Directors (Street address ONLY - PO Box NOT acceptable) Chairman: CYRUS KISSING Address: 7 MINGOPO 54 SFORT F1, 34996	
Vice Chairman: Address:	
Director: Address:	
Directo: Address:	10 E
B. Officers (Street address ONLY - PO Box NOT acceptable) President: Address:	SECRETAR DIVISION GF C 96 NOV -8
Vice President: Address:	LED Y OF STATE ORPORTTION AH IO: 52
Secretary: Address;	Tibes 52
Treasurer: Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional office directors.	ers and/or
13. (Signature of Chairman, vice chairman, or any officer listed in number 12 above)	
14. Crus Kissing Capacity of person signing application)	
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#### State of Delaware

#### Office of the Secretary of State

T, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WILDLIFE RESEARCH FUND INC." 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 THIRTIETH DAY OF JULY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES



SECRETARY OF STATE DIVISION OF CORPORATIONS

(A)

Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

8047102

960220998

2603573 8300

DATE:

07-30-96