# F97000006517

Divisio	on of Corporations	*			
SUBJECT:	MOON	DANCER	INC		
	, , , , , , , , , , , , , , , , , , ,	(Name of corporat	on - must include	suffix)	
			2	20000235	82121
Dear Sir or Ma	ıdam:		- ·	-12/1U/31 *****70.1	D1066001 N *****70.00
				,	<del>.</del> –
The enclosed "Certificate of transact busine	'Application by Foreign Existence", and check a ess in Florida.	Corporation for Authors submitted to regis	ter the above refere	act Business in Flore enced foreign corpor	.da~, ation to
Please return a	ll correspondence conce	erning this matter to t	he following:		
	Slugh	Sugas		•	
	77 7	(Name of Per	son)		
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	7 (00 N W)	(Firm/Compa	<u></u>		97 Neg
		(Film/Compa	шу)		吊聲
	2955 SP	84		···	C 위로 -
		(Address)	)		
	It / Ann	ERBALE,	R 3331	2	GORF THE CORPORATIONS DEC 10 PM 2: 06
	11. Open	(City/State/Z	in)		29 35
		(City/State/2	<i>"p)</i>		8
					- 010:40:
Should you ne	ed to call someone cond	erning this matter, pl	ease call:		912110
Hugh	Suggs	_ at (305)	799-0491		•
/ (Nam	e of Person)	(Area Co	ie & Daytime Tele	phone Number)	

#### **COURIER ADDRESS:**

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Qualification/Tax Lien Section

### **MAILING ADDRESS:**

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMIT	TED TO	
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.		
1. MOON DANCER INC.		<u> </u>
(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. DEAWARE 3. 65-078 9302		
2. UEAWARE 3. 65-078 930 2 (State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetua"	ייי	
(Datation: Test cosp. with coase to exist of perpetitize	1 )	
6. <u>N/</u> *		
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		_
7. 2955 SR. 84, 72. LAVOURDILE, 72 35312	ထု	P
	70	32
	<u>6</u> _	· 圣器
(Current mailing address)	5	얼됐
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8 GEN. Br siNES	P	P S
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	15	AM
	90	<u>≅</u> m
9. Name and street andress of Florida registered agent: (P.O. Box or Mail Drop Box NOT accepta	ble)	:73
Name: Hugh Suggs		
Office Address: 955 OK, 84,		
Office Address: 2955 SR. 84,  Fr. Landendale, Fr. Florida, Florida		
Tr. CAvaenance, Te , Florida, 5/2		
/ (Zip code)		
10. Boristanad agantis assentance		
10. Registered agent's acceptance:	•	
Having been named as registered agent and to accept service of process for the above stated corporation at the	a wlasa daa	:
in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur	rther agree	to
comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I	am familia	r with
and accept the obligations of my position as registered agent.		
		1.11

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: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: \_\_\_ Address: Vice Chairman: \_\_ Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, View Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

## State of Delaware

## Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOON DANCER 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 EIGHTH DAY OF DECEMBER,

A.D. 1997.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 10 PM 2: 06

Edward J. Freel, Secretary of State

AUTHENTICATION: -

2266157 8300

DATE:

8796466

12-08-97

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