

F97000006605

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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~~-12/15/97-01029-012~~
~~*****50.00~~

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~~-12/15/97-01029-012~~
~~*****70.00~~

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. EHCL, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 12/15 ☐ Certified Copy
☐ Mail out ☐ Will wait ☒ Photocopy Stamped 2 ☐ Certificate of Status

FILED
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DIVISION OF CORPORATIONS
97 DEC 15 PM 12:31
12/15

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

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DIVISION OF CORPORATION

Examiner's Initials

**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. EHCL 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 Nevada
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. June 25, 1997
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 1406 HAYS STREET, SUITE 2
TALLAHASSEE, FLORIDA, 32301
(Current mailing address)
8. AN ELECTRONIC CASH COMPANY
(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: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Paralegal & Attorney Service Bureau, Inc.

Office Address: 1406 Hays St., Suite 2

Tallahassee

, Florida, 32301

(Zip Code)

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) Kathleen J. Hill, Pres.

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.

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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: PAUL SUDOLSKI
Address: 67 MOWAT AVE. SUITE 440, TORONTO
ONTARIO CANADA M6K 3E3

Vice Chairman: _____
Address: _____

Director: BRIAN WOODS
Address: 67 MOWAT AVE, SUITE 440, TORONTO
ONTARIO, CANADA, M6K 3E3

Director: JACK OSTROFF
Address: 67 MOWAT AVE, SUITE 440, TORONTO,
ONTARIO, M6K 3E3

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B. OFFICERS (Street address only- P. O. Box **NOT** acceptable)

President: PAUL SUDOLSKI
Address: 67 MOWAT AVE SUITE 440, TORONTO,
ONTARIO M6K 3E3

Vice President: _____
Address: _____

Secretary: JACK OSTROFF
Address: 67 MOWAT AVE, SUITE 440, TORONTO
ONTARIO, M6K 3E3

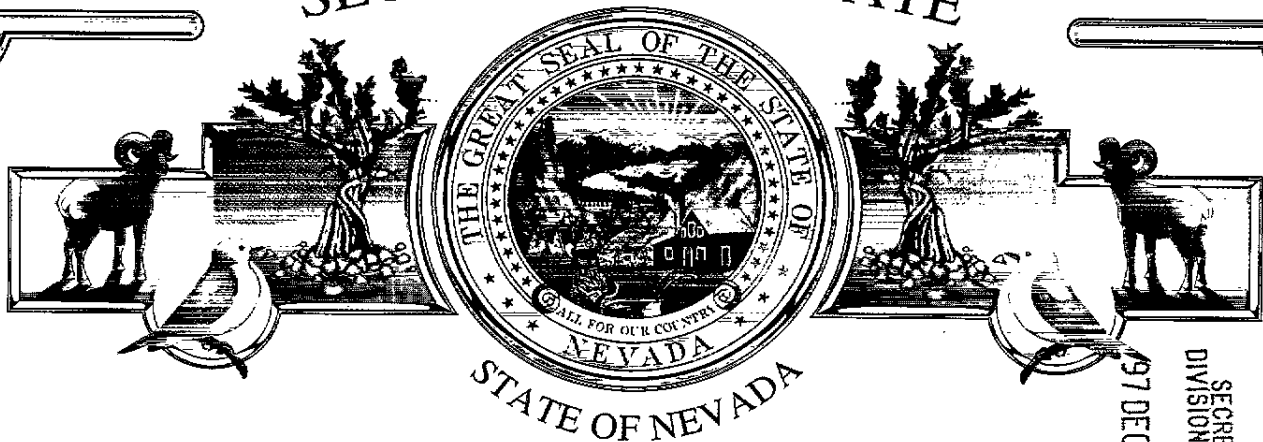
Treasurer: BRIAN WOODS
Address: 67 MOWAT AVE, SUITE 440, TORONTO
ONTARIO, CANADA, M6K 3E3

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Paul Sudolski
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PAUL SUDOLSKI, CHAIRMAN
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **E.H.C.L. INC.** as a Corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 25, 1997, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on December 4, 1997.



Dean Heller
Secretary of State
By *Debra M. Mayne*
Certification Clerk