

Plorida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314

**500002420306**—3 -02/03/98--01092--008 \*\*\*\*131.25 \*\*\*\*131.25

February 2, 1998

To Whom It May Concern;

Enclosed please find a completed "Application by Foreign Corporation to Transact Business in Florida", as well as a New York State Certificate of Existence for my company. I am requesting a certified copy of a Certificate of Status for my company to conduct business in Florida.

If there are any questions regarding this application or it's contents, please direct them to my attention at 516.433.9550.

Sincerely,

Margaret A. Fox-Jackson

President

DIVISION OF CORPORATIONS

98 FEB - PM 1:56

### TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: MWA International Inc	
(Name of corporation - must include suffix)	<del></del> .
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Flo "Certificate of Existence", and check are submitted to register the above referenced foreign corporations and check are submitted to register the above referenced foreign corporations are submitted to register the above referenced foreign corporations.	orida", oration to
Please return all correspondence concerning this matter to the following:	
Margaret Fox-Jackson (Name of Person)	
(Name of Person)	
MWA International, Inc	رم <u>۵</u>
(Firm/Company)	VISE VISE
230-F Duffy Ave	EB ESS
(Address)	- A
230-F DUFFY AVE (Address) HickSville NY 1180/ (City/State/Zip)	PH SPS
(City/State/Zip)	- A
	on ₹
Should you need to call someone concerning this matter, please call:	
Margaret Fox- Jackson at (5/6) 433-9550  (Name of Person) (Area Code & Daytime Telephone Number)	_
(Name of Person) (Area Code & Daytime Telephone Number)	

#### **COURIER ADDRESS:**

Qualification/Tax Lien Section 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

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

	ION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTE. ORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	D 10	
(Name of corporation; must incl words or abbreviations of like in	lude the word "INCORPORATED", "COMPANY", "CORPORATION" or mport in language as will clearly indicate that it is a corporation instead of a not so contained in the name at present.)		-
2. New York (State or country under the law of		<u>}</u>	-
6. notype			-
(Date first transacted busin	iness in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  SEFY AVE  (Current mailing address)	98 FEB -4	SECRETAR DIVISION OF
	(Current mailing address)	P	CORPO CORPO
8. To go offer mai	n authorized in home state or country to be carried out in state of Florida)	<del></del>	RATIONS
9. Name and street address of Name: WOSTEN	Efforida registered agent: (P.O. Box or Mail Drop Box NOT acceptable  IFOX-JackSon  Saddle Worth Place  Throw , Florida, 32746  (Zip code)	)	
Office Address: 365 S	addle Worth Place		
<u>Hea</u>	Throw, Florida, 32746 (Zip code)		-
10. Registered agent's accepta	ance:		
in this application, I hereby accep-	agent and to accept service of process for the above stated corporation at the post the appointment as registered agent and agree to act in this capacity. I further statutes relative to the proper and complete performance of my duties, and I amposition as registered agent.  (Registered agent's signature)	er agree	to
11. Attached is a certificate of exi	istence duly authenticated, not more than 90 days prior to delivery of this applica	ition to 1	he

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

of which it is incorporated.

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law

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: Margaret A Fox-Jackson	8. 186
President: Margaret A. Fox-Jackson  Address: 26 Menchan Rd	EB -
Leristan, NY 11256	~ ~ ~ ~
Vice President:	- ST
Address:	178 17048 56
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appl	ication)
14. Margaret A. Fox-Jackson - President	
(Typed or printed name and capacity of person signing application)	

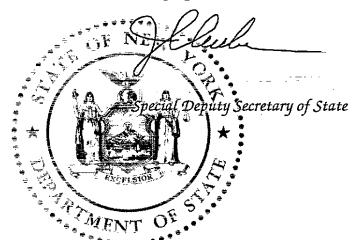
# State of New York Department of State

I hereby certify, that the certificate of incorporation of MWA INTERNATIONAL, INC. was filed on 02/20/1997, 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.

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Witness my hand and the official seal of the Department of State at the City of Albany, this 26th day of January one thousand nine hundred and ninety-eight.

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DIVISION OF CORPORATIONS

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