## F98000002369

TO: Qualification/Tax Lien Section Division of Corporations

Collowov Funding Con Mame of corporation - must include suffix **SUBJECT** 

Dear Sir or Madam:

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The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Leonand Ambasco (Name of Person) Howpy Funding Conp (Firm/Company) 970515 (Address) RATON FL 3349 \*\*\*\*131.25 \*\*\*\*131.25 Should you need to call someone concerning this matter, please call: W98-7635

Leonand Tambasco

(Name of Person)

at (<u>954</u>) <u>346</u> <u>7575</u> (Area Code & Daytime Telephone Number)

(Ivanie of Feison)

MAILING ADDRESS:

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

**COURIER ADDRESS:** 

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



FLORIDA DEPARTMENT OF STATE \_ Sandra B. Mortham Secretary of State

April 6, 1998

LEONARD TAMBASCO CALLAWAY FUNDING CORP PO BOX 970515 BOCA RATON, FL 33497

SUBJECT: CALLAWAY FUNDING CORP. Ref. Number: W98000007635

We have received your document for CALLAWAY FUNDING CORP. and your check(s) totaling \$131.25. However, the document has not been filed and is being retained in this office for the following:

You have submitted a certificate of incorporation that is not what we require in order to process the application. You would need to obtain a certificate of existence (good standing) from the Secretary of State of Delware.

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 (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 298A00018188

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## 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:

ł.	(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 matural person or partnership if not so contained in the name at present.)	τ,
2.	(State or country under the law of which it is incorporated) (FEI number, if applicable)	-
-1.	(Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
<u>6</u> ,	To be Determined writing for this oppnound (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	
7.	PO Box # 970515	
	BOCA RATON FL 33497	
8.	Consulting Services	
	(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 <u>NOT</u> acceptable)	
	Name: Leowand Tambasco	
	Office Address: <u>3650 Conol Ridge On</u> Swite 101	-
	Conol Springs , Florida, 33065 (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 statutos relative to the proper and complete performance of my dattes, and I am function with and accept the obligations of my position as registered agent.

all (Registered agent's signature) <u>un la</u>

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) 0500 POWDILL Chairman: \_\_\_\_\_ am 101 de Address: 330 brind 5 / \_\_\_\_\_ Vice Chairman: 101 ap Address: <u>365</u>  $\mathcal{O}$ 2nn 30 OND Director: Address: ----\_ . \_ Director: Address: 86 B. OFFICERS (Street address only- P. O. Box NOT acceptable) PR IAm ponor President: 10 01 Address: 5 2 ထ 20 Vice President: 101 Address: 36 50 30 3 60500 Secretary: PONDA tp 101 00 31 Address: 33065 b Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 20 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 13. Pres. nsco Panlan 14. . (Typed or printed name and capacity of person signing application)

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PAGE 1 State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CALLAWAY FUNDING COBP." 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 H DAY OF APRIL, SHOM. AS OF RECORDS OF THIS OFF

A.D. 1998.

Educe Hay Edward J. Freel, Secretary of State AUTHENTICATION: 9025739

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DATE: 04-14-98

Q.



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