F98000003763

To: Qualification/Tax Lien Section	•	
Division of Corporations		
SUBJECT:	Ly The	
(Name	of corporation - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Cos" "Certificate of Existence", and check are s transact business in Florida.	rporation for Authorization to Transact Business in Florument and Transact Business in Florument and Transact Business in Florument and Transact Business in Florument III and Transact Business III and Transact Bus	orida", oration to
Please return all correspondence concerning	ng this matter to the following:	*** *********************************
hele	Fenal 500002535 -05/27/98 (Name of Person) ******87.50	5 985 7
	(Name of Person) *****87.50	*****87.50
Can	MuThe	
21.00	(Firm/Company)	
10 8	Levingelantan	
	(Address)	
_ Palm B	(Address) Devel Condens FL 33418	
	(City/State/Zip)	
Should you need to call someone concerning	ng this matter, please call:	7-12080
(Marne of Person)	t (561) 776-6164	
(Mame of Person)	(Area Code & Daytime Telephone Number)	927/1
		98 98
COURIER ADDRESS:	MAILING ADDRESS:	TOF 86 NGISIA10
Qualification/Tax Lien Section	Qualification/Tax Lien Section	
Division of Corporations	Division of Corporations	
409 E. Gaines St.	P.O. Box 6327	- 355 - 355
Tallahassee, FL 32399	Tallahassee, FL 32314	N



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 27, 1998

LUCY FERRIS CARLU INC. 10 E. LEXINGTON LANE PALM BEACH GARDENS, FL 33418

SUBJECT: CARLU INC.

Ref. Number: W98000012080

We have received your document for CARLU INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 798A00029736

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 24, 1998

LUCY FERRIS CARLU INC. 10 E. LEXINGTON LANE PALM BEACH GARDENS, FL 33418

SUBJECT: CARLU INC.

Ref. Number: W98000012080

We have received your document for CARLU INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

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) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 398A00034749

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

SECRE LARY OF PARTY OF ANY OF CAPTURE AND ANY OF CA

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:

Cauly Inc		
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or we 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.)	ords or	
2. PA (State or country under the law of which it is incorporated) 3. Z3-Z88764/ (FEI number, if applicable)		
4. 1-27-97 (Date of Incorporation) 5. Detection: Year corp. will cease to exist or "p	erpetual	")
6	98 J	DIVIS
7. 10 E Lexington Ca Palm Beach Gundens fl 33418		ORGIARY ON OF CO
(Current mailing address)	PN 1:24	
 8. (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 I acceptable) 	<u>NOT</u>	<u>.</u>
Name: Luce Fennis		
Office Address: 10 E Loxington Ca Mulm Beach Gurdons, Florida, 33488 (Zip Code)	-	
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this application, I hereby accept the appointment are registered agent and agree to act in this capacity. I further agree to comply with the provail statutes relative to the proper and complete performance of my duties, and I am familiand accept the obligations of my position as registered agent. (Registered agent's signature)	visions	of h
Registered agent's signature) 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior t delivery of this application to the Department of State, by the Secretary of State or oth official having custody of corporate records in the jurisdiction under the law of which	oner it is	

incorporated.

•	and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)	
	TORS (Street address only - P.O. Box NOT acceptable)	
	Can! J Fenais	
Address:	10 E Lexington Lane	
	Palm Beach Gardons F1 3348	
Vice Chain	man: Lucey M Ferris	· · · · · · · · · · · · · · · · · · ·
Address:	•	
_	Same	
Director: _		
Address:		
Director: _		
		0
		98 SE
B. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)	
	Canl J Ferris	<u> </u>
Address:	Sono	7 8 ST
_		2.07
Vice Preside	ent: Luce M Fenais	
Address:	1	
	Enne	
_	-Luce Ferais	
	·	,
Address:		
_		
Treasurer:	<u> </u>	
Address:		
		
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors	3.
13	Gue fluis	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14	(Typed or printed name and capacity of person signing application)	
	(*) become brance many enhanced on become signification)	



COMMONWEALTH OF PENNSYLVANIA

. DEPARTMENT OF STATE

JUNE 12, 1998

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

SEGRETARY OF STATE OF

I DO HEREBY CERTIFY THAT,

CARLU, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year_above written.

Secretary of the Commonwealth

DPOS