# F98000003790

| TO: Qualification/Tax Lien Section Division of Corporations   | 9000025484297<br>-06/05/9801024003<br>*****78.75 ******78.75                  |
|---|---|
| SUBJECT: TRANSFORD MARBIT & (Name of corporation - must   |   |
| Dear Sir or Madam:  |   |
| The enclosed "Application by Foreign Corporation for Florida", "Certificate of Existence", and check are sub foreign corporation to transact business in Florida. | Authorization to Transact Business in mitted to register the above referenced |
| Please return all correspondence concerning this matte  | r to the following:   |
| Anthony Filansista (Name of Perso   |   |
| TRANSBIORO MANGIE<br>(Firm/Compan   | of branto , Inc   |
| 1348 WASHINGTON A. (Address)  | VE SVITE USI  |
| MIAHI REACH FT (City/State/Zi   | 33139 AMII: 37  |
| Should you need to call someone concerning this matter.   | 7/2   |
| (Name of Person)  | (Area Code & Daytime Telephone Number)  |

#### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. 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



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 5, 1998

ANTHONY FILADELFIA TRANSGLOBO MARBLE & GRANITE, INC. 1348 WASHINGTON AVE., STE 251 MIAMI BEACH, FL 33139

SUBJECT: TRANSGLOBO MARBLE & GRANITE, INC.

Ref. Number: W98000012946

We have received your document for TRANSGLOBO MARBLE & GRANITE, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

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 vour 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: 298A00031864

# 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.                   | (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or   |              |                 |
|----------------------|---|--------------|-----------------|
|                      | (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" of 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.)   | a            |                 |
|                      | (State or country under the law of which it is incorporated)  3. 65-0836752  (FEI number, if applicable)  |              |                 |
| 4.                   | (Date of Incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  |              |                 |
|                      | porportual  | 98.111       | SECR            |
| 6.                   | (Pate first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)  | <del>-</del> |                 |
|                      |   |              | 37.00<br>1.EC   |
| ,.                   | HIAMI BEACH, FI 33139 (Current mailing address)   | <u>^</u>     | STATE           |
|                      | (Current mailing address)   | -J           | S               |
|                      | Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NO acceptable)  |              | <u>il</u> ertoN |
|                      | Name: Anthony Flansitia   |              |                 |
|                      | Office Address: 1348 WASHINGTON AND #251  |              |                 |
|                      | HIAM BEACH, FL, Florida, 33139 (Zip Code)   |              |                 |
| 10                   | ). Registered agent's acceptance:   |              |                 |
| co<br>re<br>al<br>an | aving been named as registered agent and to accept service of process for the above reporation at the place designated in this application, I hereby accept the appointing gistered agent and agree to act in this capacity. I further agree to comply with the provides 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 tignature) | nent<br>sion | s of            |
| 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.

 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:  |                                       | <u>.                                    </u> |
|   |                                       |  |
| Vice Chairman:  |                                       | -  |
| Address:  |                                       | -,-  |
| Director: Arthony Filandifia  |                                       |  |
| Address: 1608 Growel ANT #18  |                                       |  |
| Man Beach FT 33139  |                                       | , .  |
| Director: Pullippe FilabelFa  |                                       |  |
| Address: 650 West Av6 # 3009  |                                       |  |
| MANI BEACH, FI 33139  |                                       |  |
| B. OFFICERS (Street address only- P. O. Box NOT acceptable)   |                                       | <b>.</b>                                     |
| President: Anthony FilaraelFIA  | 8                                     | SEV  |
| Address: 1608 MEVEL AVE #18   |                                       |  |
| MIAMI BEACH, FT 33139   | 2                                     |  |
| Vice President:   |                                       | ું<br>ું⊊ડ                                   |
| Address:  | <u> </u>                              | MATE   |
|   |                                       | ŝŝ   |
| Secretary:  |                                       |  |
| Address:  |                                       | •  |
|   | <del></del>                           |  |
| Treasurer: Philippe Flagetha  |                                       | _  |
| Address: 650 J. A/B Art # 3009  |                                       |  |
| MIANI REACH FT 33139  |                                       | + 62   |
| NOTE: If necessary, you may attach an addendum to the application li                                  | sting additional                      |  |
| officers and/or directors.  |                                       |  |
| 13. (Signature of Cheffman, Vice Chairman, or any officer listed in number 12                         | 2 of the application)                 | ,  |
| (Signature of Chestman, Vice Chairman, or any officer listed in number 12                             | <b>XI</b>                             |  |
| 14. INFSIGNT - Anthony + 1 A DEITA (Typed or printed name and capacity of person signing application) | ation)                                |  |

### State of Delaware

## Office of the Secretary of State PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRANSGLOBO MARBLE & GRANITE, 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 NINETEENTH DAY OF

JUNE, A.D. 1998.

SECRETARY, ST. ST. Tions
on III -2 AHII: 37

Edward I. Freel, Secretary of State

**AUTHENTICATION:** 

9150987

DATE:

06-19-98

2883993 8300

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