F98000007096

| To: Qualification/Tax Lien | Section |
|--|--|
| Division of Corporation | accion ns |
| | 1 |
| SUBJECT: | BEARCH ASSOCIATES INC |
| | (Name of corporation - must include suffix) |
| Dear Sir or Madam: | |
| The enclosed "Application by Fo "Certificate of Existence", and of transact business in Florida. | oreign Corporation for Authorization to Transact Business in Florida check are submitted to register the above referenced foreign corporations. |
| Please return all correspondence | concerning this matter to the following |
| <i>!/.</i> ,, | C) |
| -/NA/NE | 20000272338; |
| · · | (Name of Person) -12/28/9801084- *****78.75 **** |
| _DUNICA | 4-KOIB //C |
| | (Firm/Company) |
| 46 1.1 | - 1/- D- |
| 75 NES | T NICOWOOD BOAD |
| , | (Address) |
| SADDLE | BIVER MAY JOBEN DTUNE |
| | (City/State/Zip) |
| | • |
| Should you need to call someone | concerning this matter, please call: |
| | |
| MAJAKE Dogad | 100 100 |
| (Name of Person) | at (20/) 785-1980 |
| | (Area Code & Daytime Telephone Number) |
| | 98 DFC |
| STREET ADDRESS: | in the second se |
| STREET ADDRESS: | MAILING ADDRESS: |
| Qualification/Tax Lien Section | Ovolification (To. 1) |
| Division of Corporations | Qualification/Tax Lien Section Division of Corporations |
| 409 E. Gaines St. | P.O. Box 6327 |
| Tallahassee, FL 32399 | Tallahassee, FL 32314 |
| | |
| Enclosed is a check for the following | ng amount: |
| | |
| □ \$70.00 Filing Fee □ \$78.75 | icate of Status S Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status |

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. (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.) (State or country under the law of which it is incorporated) (Duration: Year corp. will cease to exist or "perpetual") business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Current mailing address (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 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.

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.

(Registered agent's signature)

| 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: DARREN LINCK |
| Address: 19339 King PACM CORT |
| BOCA PLATEN, FLORDA 33498 |
| Vice Chairman: |
| Address: 19339 King Buy Paret |
| BOCA MAION, FLORIDA 33498 |
| Director: |
| Address: |
| • |
| Director: |
| Address: |
| |
| B. OFFICERS (Street address only - P.O. Box NOT acceptable) |
| President: DARREN LINCK |
| Address: 19339 KING PALM CORT |
| BOCA BAION, FORDA 33498 |
| Vice President: Lock |
| Address: 19339 King PACM POTET |
| BOCA BAION FORIDA 33498 |
| Secretary: DACKEN INCK |
| Address: 19339 King PACM BURT |
| BOCA PLATON, FORIDA 33498 |
| Treasurer: Loci Linck |
| Address: 19339 King Pour Page |
| Back RATION, FEBRUA 33498 |
| |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |
| 14. LAKKEN LINGS - PRESIDENT |
| (Typed or printed name and capacity of person signing application) |

State of New York Department of State ss:

I hereby certify, that the certificate of incorporation of LINCK SEARCH ASSOCIATES, INC. was filed on 03/18/1998, 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.

Witness my hand and the official seal of the Department of State at the City of Albany, this 11th day of December one thousand nine hundred and ninety-eight.

Special Deputy Secretary of State

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SECRETARY OF STATE AS DIVISION OF CORPORATIONS