# F99000000999

#### TRANSMITTAL LETTER



TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

200002744002--1 -01/15/99--01070--002 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

8UBJECT: ELPITHA ENTERPRISES INC
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

(Name of Person)

ELPITHA ENTERPRISES, INC.

(Firm/Company)

1556 CYPRESS DR Suite 20

(Address)

Juditer Florida 33469

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

EFTERI KARAMEROS at (56) 7446622.

(Name of Person): Area Code & Davime Telephone Number

**COURIER ADDRESS:** 

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

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 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:

1. ELPITHA ENTER PRISES, TWC.
1. ELPITHA ENTER PRISES, TWC.  (Name of corporation: must include the word "NCORPORATED", "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.)
or partnership if not so contained in the name at present.)
(
2. Georgia 3. 65-0836109 Signal (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 10 1997 5. Perpetual on En (Duration): (Duration: Year corp. will cease to exist or "perpetual")
10ac
6. On the first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 1556 CYPRESS Dr Suite 20
Jup, ter FLORIDA 33469 (Current mailing address)
· · · · · · · · · · · · · · · · · · ·
8. JANITORIAL CLEANING HOME MANAGEMENT (Purpose(s) of corporation suthorized in home state or country to be darried out in the state of Florida)
(Laibosels) of colbotation stateoused in violité state of codiffà to de sauteo cot at a le state of Liquida)
9. Name and street address of Florida registered agent:
9. Name and street address of Florida registered agent:  Name: CHARLES T. Simmons CPA  Office Address: 17 Coconent Aux Six #1  Linnt Florida, 34946 (Zip Code)
Office Address: 417 Coconert Ave State
12-not - 24/641
, Florida , 5776
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.
(Nay Jesus

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)

#### 12. Names and addresses of officers and/or directors:

A,	DIRECTORS		
	Chairman: ELEPTERI KARAMEROS		-
i	Address: 203 XANADU PL	· -	
	JUPITER FC 33477		æ
	Vice Chairman:		
	Address:		
	Director:		
	Address:		
	Director:		
	Address:	2	
_		્રેડ <b>્ટ</b> 	
В.	OFFICERS Z		
	President:		-
	Address: N	STAT	
	02	<u>5</u> m	
	Vice President:		
	. Address:		
	Secretary:		-
	Address:		
	Treation		
	Address:		
	Address:		
NOT	E: If necessary, you may attach an addendum to the application listing addition	al mesana	
and/d	or directors.	ai omcers	
13.		•	**;
(1	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14.	ELEFTERI KARAMERAS		
	(Typed or printed name and capacity of person signing application)		

#### **Secretary of State**

Corporations Division Suite 315, West Tower 2 Martin Luther King Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 983630585

CONTROL NUMBER : 9701082

DATE INC/AUTH/FILED: 01/10/1997

JURISDICTION : GEORGIA

PRINT DATE : 12/29/1998

FORM NUMBER : 211

CHARLES T. SIMMONS 417 COCONUT AVENUE, STE. 1 STUART, FL 34996

#### CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### ELPITHA ENTERPRISES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Armotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above named entity as of the date issued. It does not dertify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Lewis G. Massey

Lewis A. Massey Secretary of State