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CORPORATE
ACCESS,
INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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1.) (CORPORATE NAME & DOCUMENT #)

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2.) (CORPORATE NAME & DOCUMENT #)

3.) (CORPORATE NAME & DOCUMENT #)

4.) (CORPORATE NAME & DOCUMENT #)

5.) (CORPORATE NAME & DOCUMENT #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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SPECIAL INSTRUCTIONS

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. M. Pejon International, Inc.
(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.)
2. New Jersey
(State or country under the law of which it is incorporated)
3. 22-2725424
(FEI number, if applicable)
4. 8/1986
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 3/1/99
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 9802 Baymeadows Rd. Suite 12
Jacksonville, Florida 32256
(Current mailing address)
8. Consultant / Retail Store
(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:
Name: Myrna Strain
Office Address: 9802 Baymeadows Rd. Suite 12
Jacksonville, Florida, 32256
(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 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.

Myrna Strain
(Registered agent's signature)

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.

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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)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Myrna Strain

Address: 3112 Mohave Way

JAX. FL. 32259

Vice President: Myrna Strain

Address: 3112 Mohave Way

JAX. FL. 32259

Secretary: Myrna Strain

Address: 3112 Mohave Way

JAX. FL. 32259

Treasurer: Myrna Strain

Address: 3112 Mohave Way JAX. FL. 32259

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Myrna Strain President
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
LONG FORM STANDING WITH OFFICERS AND DIRECTORS

M. PEJON INTERNATIONAL, INC.
With the Previous or Alternate Name
MARSHALL-STRAIN ENTERPRISES

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on August 1, 1986.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Hollistyne C Bluitt Esq
329 Park Avenue
Orange, NJ 07050

I further certify that the incorporator is:

Myrna Strain
312-6 Willowbrook Drive
North Brunswick, NJ 08902

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DIVISION OF REVENUE
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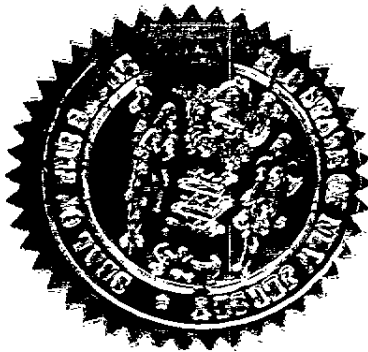
STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
LONG FORM STANDING WITH OFFICERS AND DIRECTORS

M. PEJON INTERNATIONAL, INC.
With the Previous or Alternate Name
MARSHALL-STRAIN ENTERPRISES

I further certify that as of the date of this certificate,
the following were listed as officers/directors of this
business on the last Annual Report filed in this office on
September 24, 1998.

President

Myran Strain
9802 Baymeadows Ste 12
Jacksonville, FL 33256



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
28th day of December, 1998

James A. DiEleuterio, Jr.

James A DiEleuterio, Jr.
Treasurer

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