

F 99000002181

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SIRI 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:

CORNELIA ZAHN ORHELL MUTH STEINHAUSEN

(Name of Person)

000002852100--3

-04/26/99--01136--006

*****10.00 *****10.00

13402

(Firm/Company)

13402 BOLTON COURT

(Address)

SPRING HILL FL 34609

(City/State/Zip)

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DIVISION OF CORPORATIONS

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

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*****50.00 *****50.00

CORNELIA ZAHN at (352) 688 5455

(Name of Person)

(Area Code & Daytime Telephone Number)

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*****27.50 *****27.50

STREET ADDRESS:

Qualification/Tax Lien Section
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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. SIRI INCORPORATED
(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. GERMANY 3. APPLIED FOR
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7.1.99 5. 7.1.99
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 7.1.99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 13402 BOLTON COURT
SPRING HILL, FL 34609
(Current mailing address)

8. ASSISTED LIVING FACILITY
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

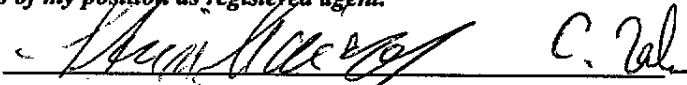
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: HELLMUTH
STEINHAUSEN

Office Address: 13402 BOLTON COURT
SPRING HILL, Florida, 34609
(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.


(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: JOCHEN ZAHN
Address: HERMANN-AUST-STR. 9 D-86825 BAD WÖRISHOFEN/GERMANY

Vice Chairman: CORNELIA ZAHN
Address: SEFFENTER STRAAT 30A, GC 6520 VAALS/NETHERLAND

Director: FLORIAN ZAHN
Address: SEFFENTER STRAAT 30A, GC 6520 VAALS/NETHERLAND

Director: _____
Address: _____

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

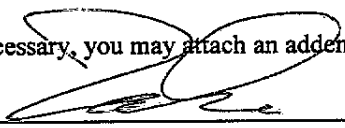
President: _____
Address: _____

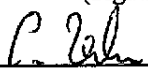
Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

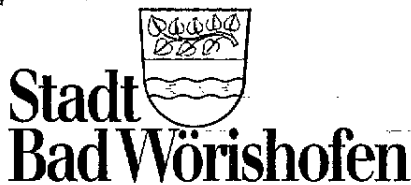
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14.  CORNELIA ZAHN VICE CHAIRMAN
(Typed or printed name and capacity of person signing application)

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Stadt Bad Wörishofen · Postfach 1663 · 86819 Bad Wörishofen

Fernruf 0 82 47 / 96 90-0 (Zentrale)
Bgm.-Ledermann-Straße 1
Bad Wörishofen

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Telefon-Durchwahl-Nr. 0 82 47 / 96 90-
Telefax-Nr. 0 82 47 / 96 90-89 41
Internet: <http://www.bad-woerishofen.de>
e-mail: info@bad-woerishofen.de

16. April 1999
Bad Wörishofen,

Ihr Zeichen

Ihre Nachricht vom

Ihrer Zeichen
II/2-de

Bearbeiter(in)
Frau Deufel

"Certificate of Existence"

Name of Corporation: "Siri GmbH Betreuungsgesellschaft"
Registered address: Street: Hermann-Aust-Straße 9
City: 86825 Bad Wörishofen
County: Bavaria
State: Germany
owner: Siri Zahn, Amalienstraße 41,
80799 München
Chairmann: Jochen Zahn, Hermann-Aust-Straße 9,
86825 Bad Wörishofen
Profession and: Businessman
education: Registered Licensee Nurse of Elder Individuals
Subject and permission of corporation transaction:
Registered Nursing Healthcare Day-Center § 72 SGB XI and Licensed
Mobil Health Care § 37 SGB
Business registration number: HRB 5774 Cord of Memmingen

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The corporation "Siri GmbH Betreuungsgesellschaft" is exist since 12.22.1980. It is a active working an tax paying now.

Yours sincerely

Deufel
i.A. Deufel



I certify that this is an exact copy of an Original or Certified document given to me for the purpose of signature guarantee.

SunTrust Bank, Nature Coast

APR 19 1999

James A. Wilson
4/19/99