ATTORNEY AND COUNSELOR AT LAW

505 WEKIVA SPRINGS ROAD SUITE 800 LONGWOOD, FLORIDA 32779

TELEPHONE (407) 682-7711 FAX (407) 682-4010

July 27, 1999

Qualifications/Tax Lien Section Division of Corporations P. O. Box-6327 Tallahassee, FL 32314

*****70.00 *****70.00

Re: Troika Design, Inc.

Dear Divisions of Corporations:

Enclose please find the following enclosed documents:

- 1. Transmittal Letter
- Application by Foreign Corporation for Authorization to Transact Business in 2. Florida
- 3. An original Certificate of Existence from the State of New York
- Our firm's check in the amount of \$70.00 for registration fee 4.

Please acknowledge receipt of this letter by stamping a copy of it and returning it in the enclosed self-addressed envelope. Should you have any questions, please contact the undersigned.

Very truly yours,

Philip F. Keidaish, Jr.

PFK:cvs

Enclosure



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 9, 1999

PHILIP F. KEIDAISH, JR. 505 WEKIVA SPRINGS ROAD SUITE 800 LONGWOOD, FL 32779

SUBJECT: TROIKA DESIGN, INC. Ref. Number: W99000018349

We have received your document for TROIKA DESIGN, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 499A00040050

TRANSMITTAL LETTER

•	n/Tax Lien Section Corporations		<i>.</i> `								
	-										
SUBJECT: Troi	ka Design, Inc. (Name of	corporation - must include suffix)									
	(
Dear Sir or Madam:	,										
	ence", and check are submitted	for Authorization to Transact Busine to register the above referenced fore									
Please return all corr	espondence concerning this ma	atter to the following:									
	Jose Copin		'								
(Name of Person)											
	Troike Desi	ign, Inc.	· 								
(Firm/Company)											
	1991 Corpor	rate Square, Unit 167									
(Address)											
Longwood, Florida 32750											
	(City	/State/Zip)									
Should you need to c	all someone concerning this m	atter, please call:	CIVISION (
Jose Copin	at (_407	7) 830-8885	22 SEE								
(Name of Pe	erson) (A	Area Code & Daytime Telephone Nun	and the same of th								
			of STATE PM 1: 4								
COURIER ADDRE	SS:	MAILING ADDRESS:	1.5 LIONS								
Qualification/Tax Lie		Qualification/Tax Lien Section									
Division of Corporati 409 E. Gaines St.	ons	Division of Corporations P.O. Box 6327									
Tallahassee, FL 3239	99	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.		ka Design, Inc.					3				
	words or abbr	poration; must include the eviations of like import in or partnership if not so c	ı language as	will clearly in	idicate that					<u>.</u>	
2.				3.	11_3	288656		<u>.</u>			
	(State or coun	ry under the law of which	(FEI numb	er, if applicabl	e)						
4.			5							_	
	(D	ate of incorporation)		(Duration:	Year corp.	will cease to	exist or "perper	tual")			
6.		y 19, 1999			· 	· · · · · · · · · · · · · · · · · · ·					
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)											
7.	51	Trade Zone Court								_	
	Ron	konkoma, New York	11779								
				iling address)	1					÷	
8.	Who	olesale Distributo	r		=-						
	(Ршроз	e(s) of corporation authori	ized in home	state or count	ry to be car	ried out in sta	te of Florida)				
9.	Name and st	reet address of Florida	registered	agent: (P.O	. Box or N	Mail Drop Bo	x NOT accep	ت ع (table	מס כבף	555 555 555 555 555 555 555 555 555 55	
						•			Ö		
	Name:	Philip F. Keidais	n, or.			**	51 1 L		22	SYL	
Ο£	fice Address:	505 Wekiva Sprin	gs Road,	Suite 800				•	모	RP ST	
		Longwood,			Florida	32779	-:	-	<u></u>	ATE	
			7		_,_, 101144,	(Zip code)		:	J.	35	
10	Dogigtowad	agent's acceptance:				·				•	
10.	Registeren :	igent's acceptance:						•			
ın t con	his application uply with the p	ed as registered agent and I hereby accept the apportions of all statutes religations of my position a	ointment as relative to the paregistered a	egistered age. proper and co gent.	nt and agreemplete per	e to act in the	is canacity. I f	urther ac	ree t	'n	
			(Registered a	gent's signati	íre)						

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.

(Typed or printed name and capacity of person signing application)

14.

State of New York Department of State

I hereby certify, that the certificate of incorporation of TROIKA DESIGN INC. was filed on 09/21/1995, 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 26th day of July

* * one thousand nine hundred and Ninety-nine.

199907140205 47

of Deputy Secretary of State