

F99000005410

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: RAVE USA, 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:

400003011324--1  
-10/11/99--01089--014  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

BEN COHEN  
(Name of Person)

RAVE USA, INC  
(Firm/Company)

4792 BOCAIRE BLVD  
(Address)

BOCA RATON, FL 33481  
(City/State/Zip)

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

BEN COHEN at (561) 988-0115  
(Name of Person) (Area Code & Daytime Telephone Number)

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT 11 PM 2:00

AL

**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. RAVE USA, 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. NEVADA 3. 52-2193403  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. SEPTEMBER 24, 1999 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 9-27-99  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 4792 BOCAIRE BLVD.  
BOCA RATON, FL 33487  
(Current mailing address)

8. IMPORT, MARKETING, SALES, DISTRIBUTION  
(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: BEN COHEN

Office Address: 4792 BOCAIRE BLVD.  
BOCA RATON, FL, Florida, 33487  
(Zip code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT 11 PM 2:00

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.*

B Cohen  
(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.

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: BEN COHEN

Address: 4792 BOCAIRE BLVD  
BOCA RATON, FL 33487

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: EMILY COHEN

Address: 4792 BOCAIRE BLVD.  
BOCA RATON, FL 33487

Director: NANCY BAKER

Address: 3209 SOUTH PORT ROYAL DRIVE #G  
FORT LAUDERDALE, FL 33308

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

President: BEN COHEN

Address: 4792 BOCAIRE BLVD.  
BOCA RATON, FL 33487

Vice President: EMILY COHEN

Address: 4792 BOCAIRE BLVD  
BOCA RATON, FL 33487

Secretary: BEN COHEN

Address: 4792 BOCAIRE BLVD  
BOCA RATON, FL 33487

Treasurer: EMILY COHEN

Address: 4792 BOCAIRE BLVD.  
BOCA RATON FL 33487

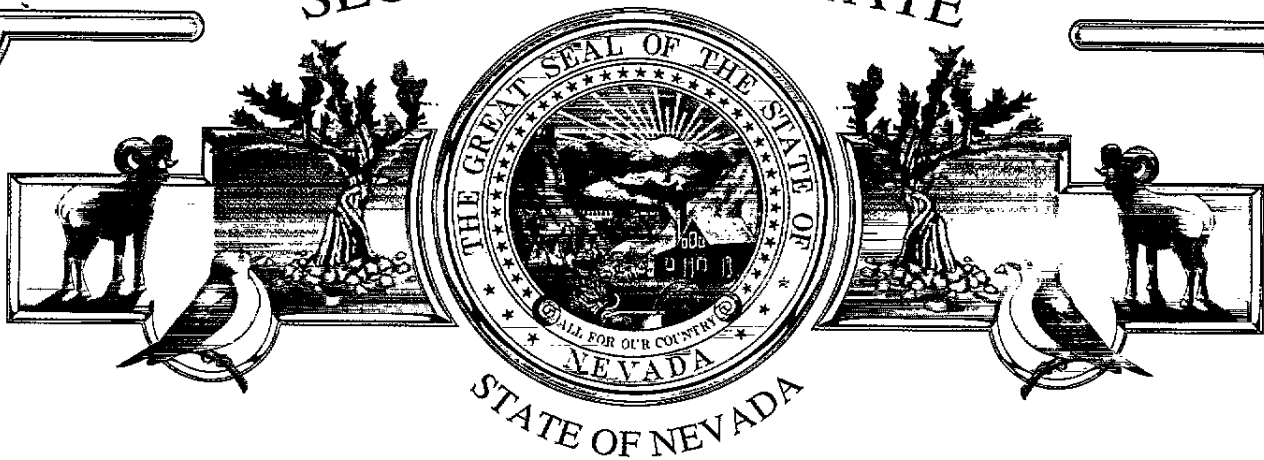
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. BEN COHEN  
(Typed or printed name and capacity of person signing application)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT 11 PM 2:00

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **RAVE USA, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 24, 1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand  
and affixed the Great Seal of State, at my office, in  
Carson City, Nevada, on October 5, 1999.



*Dean Heller*

Secretary of State

By

*[Signature]*  
Certification Clerk

99 OCT 11 PM 2:00

FILED  
SECRETARY OF STATE  
DIVISION OF INCORPORATIONS