

F99000005412

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: MARISKA 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: 600003011326--4
-----10/11/99--01089--016
*****87.50 *****87.50

ILDIKO POLONY
(Name of Person)

MARISKA INC
(Firm/Company)

14 WHIPPLE RD
(Address)

SOUTH HERO, VT 05486
(City/State/Zip)

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

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

ILDIKO POLONY at (802) 372-6658
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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. MARISKA 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. STATE OF DELAWARE 3. 03-0332936
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 13, 1992 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 6-1-99
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 14 WHIPPLE RD SOUTH HERO, VT 05486
(Principal office address)
b. same as above
(Current mailing address)
8. Manufacturing of household + personal products
(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: KARYNA HEFFERNAN
Office Address: 2400 N. FORSYTH RD
ORLANDO, FL, Florida 32807
(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.

X IC. Heffernan
(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.

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

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

A. DIRECTORS

Chairman: ILDIKO POLONY

Address: 14 WHIPPLE RD

SOUTH HERO VT 05486

Vice Chairman: KARYNA HEFFERNAN

Address: 2400 N. FORSYTH RD

ORLANDO, FL 32807

Director: _____

Address: _____

Director: _____

Address: _____

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DIVISION OF CORPORATIONS
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B. OFFICERS

President: KARYNA HEFFERNAN

Address: 2400 N. FORSYTH RD

ORLANDO, FL 32807

Vice President: ILDIKO POLONY

Address: 14 WHIPPLE RD

SOUTH HERO, VT 05486

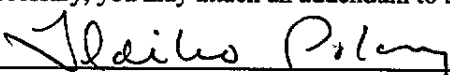
Secretary: _____

Address: _____

Treasurer: same as VP

Address: _____

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. ILDIKO POLONY VP Chm.
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARISKA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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



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Edward J. Freel
Edward J. Freel, Secretary of State

9989123

AUTHENTICATION:

09-24-99

DATE: