## F9900005774

Qualification/Tax Lien Section

To:

Division of Corporations	
SUBJECT: THE HAL LIPPMAN COMPA	
(Name of corp	oration - must include suffix)
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida", ed to register the above referenced foreign corporation
Please return all correspondence concerning this i	matter to the following:
HAL LIPPM	IAN 99 Wis
(Na	me of Person)
THE HAL L	IPPMAN COMPANY
(Fir	m/Company)
11310 WIL	ES ROAD
-	(Address)
CORAL SPR	ings, FL. 33076
(Ci	ty/State/Zip)
Should you need to call someone concerning this	80003004748——6 -10/04/99—01127—011 matter, please call: *****70.00 *****70.00
HAL LIPPMAN at ( 9	54 ) 346-5558
(Name of Person) (A	Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS: W99-2355
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	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 & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 13, 1999

HAL LIPPMAN 11310 WILES ROAD CORAL SPRINGS, FL 33076

SUBJECT: THE HALL LIPPMAN COMPANY

Ref. Number: W99000023554

We have received your document for THE HALL LIPPMAN COMPANY and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 399A00049362

99 NOV -8 PH 2: 00

## 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.

	HAL LIPPMAN COMPA					
(Name of cor	poration; must include the wor	d "INCORPOR	ATED". "C	OMPANY" "CORPOR	ATION" or	
words or abb	reviations of like import in lang	guage as will cle	early indica	te that it is a corporation	instead of a	
natural perso	n or partnership if not so contain	ned in the nam	e at present	)	mscau or a	
•	1		o at prosent	•)		
<ol><li>Mary I</li></ol>	land		3.	52-2076659		
	try under the law of which it is	incorporated)		(FEI number, if	onelia de la V	<del></del>
(4	and the law of which it is	incorporateu)		(FEI HUMBEI, II	аррисаоте)	
4. 1/27/	/98	5	Perpetu	a T		
( <u>[</u>	Date of incorporation)			Year corp. will cease to e	viot or "mamatual?"	
<b>\</b> -		, ,	Daradon.	car corp. will cease to e	exist of beibenial)	
68/10/	/99					
	rst transacted business in Flori	ia) (SEE SEC	TIONS 607	1501 607 1502 and 817	155 DO)	<del>4</del> f
			220110 007	.1501, 007.1502 and 017	.133, 11.3.)	
7. 11310	) Wiles Road					
	· · · · · · · · · · · · · · · · · · ·					<del></del>
Coral	L Springs, Fl. 33	076				
		rent mailing ac	ldress)		<u> </u>	
	(					
8Accom	inting Office					
(Purpos	se(s) of corporation authorized	in home state o	r country to	he carried out in state of	f Florida)	
					•	
9. Name and s	street address of Florida re	gistered ager	nt (PO E	Roy or Mail Drop Roy	NOT accountable	2
-	The state of the s	Specied ages	(I.O. I	ox or man prob pox	MOT acceptance	≦∞
Name:						<u> </u>
Name.	<u>Hal Lippman</u>				VO	差壳
0.00	11010 11.1	_			NOV -1	유물건
Office Address	: 11310 Wiles Roa	<u>d</u>			ထ	24 <u></u>
					7	- C
	Coral Springs,	F1.		Florida, 33076		
			<i>,</i>	(Zip code)	·	三三
				(Lip tout)	0	! <u>⊊</u> #
10. Registered	l agent's acceptance:				<u> </u>	<b>්</b> රී
A TOBLOTO A	agone o acceptance.					
Transa y			_			
naving been nan	ned as registered agent and to	accept service	of process f	for the above stated corp	oration at the place d	lesignated in
inis application,	I hereby accept the appointme	nt as registered	d agent and	agree to act in this cape	icity. I further agree	to comply
with the provisio	ns of all statutes relative to the	proper and co	mplete perf	ormance of my duties, a	ınd I am familiar with	h and accept
ine obligations o	f my position as registered gge	nt.				
	14 1 1	//				
	191 1/2	<u>/</u>				
	(Ka	gistered agent'	s signature)	<del></del>		

- 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)

	ORS (Street address only - P.O. Box NOT acceptable)		
ice Chairma	n:		
ddress:			
irector:	Hal Lippman		
ddress:	3200 Coral Springs Drive, Unit 102		
	Coral Springs, F1. 33065		
írector:			
ddress:			
. OFFICE	CRS (Street address only - P.O. Box NOT acceptable)		<del></del>
esident:	Hal Lippman		
idress:	3200 Coral Springs Drive, Unit 102		
	Coral Springs, Fl. 33065		
ce Presiden	t:	99	Z.,
ddress:		Ē	255 255 255
		<u></u>	20 40 XXXI YI :-
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easurer:			
	ecessary, you may attach an addendum to the application listing additional officers and/or directors.		
3	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		•
4. <u>Hal</u>	Lippman, President		
	(Typed or printed name and capacity of person signing application)		

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THE HAL LIPPMAN COMPANY IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 28, 1999.

Paul B. Anderson Charter Division 99 NOV -8 PH 2: 00

SECRETARY OF STATE DIVISION OF CORPORATIONS



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 0000415244
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097