## Q18000000081

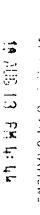
(Requestor's Name)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to rining Officer.				

Office Use Only



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## **COVER LETTER**

Division of Corporations		₹.
SUBJECT: ICS INTERNATIONAL I	FLORIDA, INC.	
	ame of Alien Business Organization)	
Dear Sir or Madam:		
The enclosed Designation of Registered are submitted for filling.	d Agent and Registered Office for Alien Business Organization	n and fee(s)
Please return all correspondence conce	rning this matter to the following:	
ALI KHAN		
(Name of Person)		
STRACHAN - KHAN REGISTER (Firm/Company)	ED AGENTS, INC.	
4700 NW BOCA RATON BOULEV	/ARD, SUITE 304	30 July 10 Jul
(Address)		で 2 50 つご
BOCA RATON, FL 33431		<u> </u>
(City/State and Zip Co	de)	3년 일 년 18년 - 18년
For further information concerning this	matter, please call:	PM II III
ALI KHAN	at (561)241 - 9991	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
✓\$35.00 Filing Fee	S43.75 Filing Fee & Certified Copy	

## DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. ICS INTERNATIONAL FLORIDA, INC.				
	(Name of alien business or	ganization)		
2. BAHAMAS		3.		
(State or country under which entity is	organized)	(FEI Number, if applicable)		
	FL 34135			
	(Principal office add	resst		
5. Name and Florida Street address of re	egistered agent.			
STRACHAI	N - KHAN REGISTERED	AGENTS INC.		
4700 NW B	OCA RATON BOULEVAR	D, SUITE 304	<b>.</b>	
BOCA RAT	ON, FL 33431			
6. The street address of the registered of are identical.  (Sig	lice and the street addres	s of the business office of the	registered agent	
			3	
8. CAMILLE COTRAN (Name :	and capacity of person signing	g in number 7 above)	<del></del>	
9. Signature of registered agent:				
1 hereby accept the appointment as re 607,0505, Florida Statutes		miliar with and accept the e	obligations of section	
(Registered agent accepting appointm	nent)	(Date	)	

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

## FILING FEE \$35

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314