# T05000004005

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TALLANASSEE FLORIDA

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ODYSSEY WEBLINES INC	
	ration - must include suffix)
Dear Sir or Madam:	-
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this m	atter to the following:
Rachel Dubov	
(Nam	ne of Person)
Checkpoint Payroll Service	<b>‡</b> ·
(Firm	(Company)
183 Vassar St.	LARE
(/	Address)
Staten Island, NY 10314	
(City/Si	ate and Zip code)
For further information concerning this matter, plea	ase call:
R. Dubov at (718	\ 288-1500
	rea 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 & ■ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

1005-26961



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 31, 2005

RACHEL DUBOV 183 VASSAR ST. STATEN ISLAND, NY 10314

SUBJECT: ODYSSEY WEBLINES INC

Ref. Number: W05000026961

We have received your document for ODYSSEY WEBLINES INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$87.50.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 005A00038706

05 JUL -7 AM 7: 55
SECRUPATOR STATE
ANASSES FIORIO

#### 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.

"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting  2. NEW YORK STATE (State or country under the law of which it is incorporated)  4. 05/09/2001 (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability  7. 4662 BEDFORD AVE. SUITE 1B, BROOKLYN NY 11235 (Principal office address)  (Current mailing address)  8. BUSSINESS (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida.	,"
2. NEW YORK STATE (State or country under the law of which it is incorporated)  4. 05/09/2001 (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability  7. 4662 BEDFORD AVE. SUITE 1B, BROOKLYN NY 11235 (Principal office address)  (Current mailing address)  8. BUSSINESS	
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(State or country under the law of which it is incorporated)  (FEI number, if applied to the properties of the propertie	, oudinous in Frontau)
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability 7.4662 BEDFORD AVE. SUITE 1B, BROOKLYN NY 11235  (Principal office address)  (Current mailing address)  8. BUSSINESS	
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(1 arpose(s) of corporation audiorized in notice state of country to be carried out in state of Fior	rida) DA = I
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	70 1
Name: TIMOUR ABDOULLAEV	02 E
Office Address: 15 COLERIDGE COURT	. <b>→</b>
PALM COdst, Florida 32137 (City) (Zip code)	
(City) (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	e to act in this capacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligations of my position as registered agent.	? performance of my autic
[Mad]	
(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 of other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

### A. DIRECTORS Chairman: TIMOUR ABDOULLAEV Address: 15 COLERIDGE COURT, PALM COds FL 32137 Vice Chairman: Address: \_\_ Director: \_ Address: \_ Director: **B. OFFICERS** President: VICTORIA ABDOULLAEVA Address: 15 COLERIDGE COURT, PALM COST, FL 32137 Vice President: Address: Secretary: \_\_ Address: \_\_

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

(Signature of Director or Officer listed in number 12 of the application)

14. TIMOUR AbolouLLaev

Treasurer: \_\_

Address: \_\_

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

## State of New York Department of State

I hereby certify, that the Certificate of Incorporation of ODYSSEY WEBLINES, INC. was filed on 05/09/2001, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with 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 an existing corporation.

NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 17th day of May two thousand and five.

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