

TO: Registration Section Division of Corporations	
SUBJECT: JASON ASSO	ciates, cluc.
(Name of corp	poration - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted to transact business in Florida.	on for Authorization to Transact Business in Florida", ed to register the above referenced foreign corporation
Please return all correspondence concerning this	matter to the following:
Stephen Dubanie	eusic7
(Na	ume of Person)
Jason Associate	800004727998 -12/17/0101036-011 rm/Company) *****70.00 *****70.00
8374 Markot ST	* 0
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Bradenton, FC (City)	State and Zip code)
For further information concerning this matter, pl	lease call:
Stephen Dubaniewicz at (C)	341) 359 - 2656 Area Code & Daytime Telephone Number)
(Name of Leisony	Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section	Registration Section
Division of Corporations 409 E. Gaines St.	Division of Corporations
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	mtu
\$70.00 Filing Fee Sertificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, 12/19 Certified Copy 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.

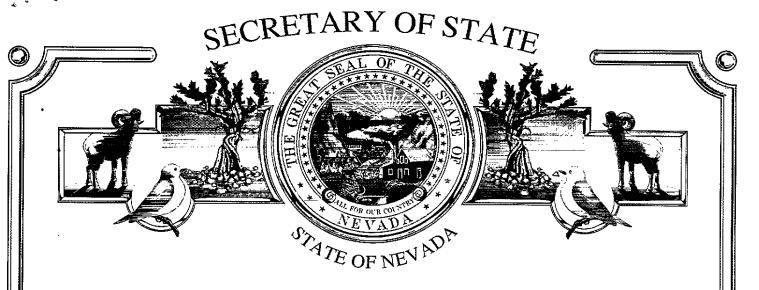
1. <u>Jason Associates and</u> . (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Nevada 3. 880360348 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 16, 1996 5. Der Detual (Duration: Year corp. will cease to exist or "perpetual")
4. MAY 16 1996 5. Der Detual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. Upon Gual Fication 9 1-December 2001 (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. 6231 Medici Court #304, Sarasota FL 34243 (Principal office address)
7. 6231 Medici Court #304, Sanasota FL 34243 (Principal office address) 8374 Manket ST, #140, Bradenton FL 34202 (Current mailing address)
8. Travel agence (Purpose(s) of corporation althorized 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: Stephen Dubaniewicz
Office Address: 6231 Medici Count #304
Office Address: \$\\\ \begin{align*}{cccccccccccccccccccccccccccccccccccc
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.
(Registered agent's signature)
• (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.

A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address: ___ **B. OFFICERS** Address: _____6231 Sarasota FC Vice President: 030 Address: Secretary: - -Treasurer: Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Stephen Dubaniewicz 14.

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

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



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, limited-liability partnerships and business trusts 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, **JASON ASSOCIATES**, **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 May 16, 1996, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seai of State, at my office, in Carson City, Nevada, on December 6, 2007.

Secretary of State

Ву

Certification Clerk