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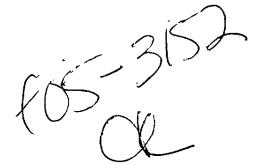
(Requestor's Name)	
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PICK-UP WAIT MAIL	1,
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 2, 2004

PABLO ANDRE PENUELA 16950 NORTH BAY ROAD, SUITE 606 SUNNY ISLES, FL 33160

SUBJECT: CHIKA GROUP INC. Ref. Number: W04000043942

We have received your document for CHIKA GROUP INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, 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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 304A00067629



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 12, 2005

PABLO ANDRE PENUELA 16950 NORTH BAY ROAD, SUITE 606 SUNNY ISLES, FL 33160

SUBJECT: CHIKA GROUP INC. Ref. Number: W04000043942

We have received your document for CHIKA GROUP INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

A certificate of existence or a certificate of good standing, 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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 505A00024860

TRANSMITTAL LETTER

	stration Section ion of Corporations			
SUBJECT:	CHIKA GROUP IN	C. DBA VELMAT		
20202011			ation - must include s	uffix)
Dear Sîr or M	ladam:			
"Certificate o				ransact Business in Florida," referenced foreign corporation to
Please return	all correspondence c	oncerning this ma	atter to the following:	
Pablo Andres	Penuela			
		(Nam	e of Person)	
Chika Group i	Inc. DBA Velmat	erro La La Caracteria de la Caracteria d		
		(Firm	/Company)	
16950 North I	Bay Rd. Suite 606		_	
	<u> </u>	(A	Address)	
Sunny Isles, F	FL 33160			
		(Cîty/St	ate and Zip code)	
		, ,		
For further in	formation concerning	g this matter, plea	se call:	
				ندو .
Pablo Andres		at (305) 9483548	ं व
(Nan	ne of Person)	(Ar	rea Code & Daytime T	elephone Number)
	EET ADDRESS:			NG ADDRESS:
	tration Section ion of Corporations			tion Section Zui
	E. Gaines St.		P.O. Box	of Corporations
	hassee, FL 32399			see, FL 32314
Enclosed is a	check for the followi	ng amount:		
🖪 \$70.00 Fili		5 Filing Fee & ficate of Status	☐ \$78.75 Filing Fee Certified Copy	e & \$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. Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) FFIN: 000826819 TAX 10: 04-3715709 Massachussets (State or country under the law of which it is incorporated) (FEI number, if applicable) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address) 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 NOT acceptable) Name:

10. Registered agent's acceptance:

Office Address:

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)

- 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 business addresses of officers and/or directors:



A. DIRECTORS

Chairman	f
Address:	
Vice Chai	irman:
Address:	
Director	
Address:	
Director:	
Address:	
B. OFF	ICERS
President	Anamaria Velasquez
Address:	16950 North Bay Rd. Suite 606
	Sunny Isles, FL 33160
Vice Pres	ident:
Address:	FS ES
Secretors	
	CONTRACTOR OF THE PROPERTY OF
Address:	THE STATE OF THE S
Treasurer	
Address:	2
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
	(/)* W. A. J
13	(Signature of Director or Officer listed in number 12 of the application)
	() and the
14	(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

William Francis Galvin Secretary of the Commonwealth

May 16, 2005

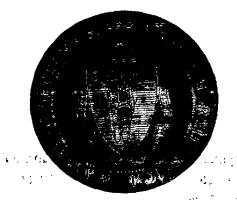
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

CHIKA GROUP INC.

is a domestic corporation organized on October 7, 2002, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth