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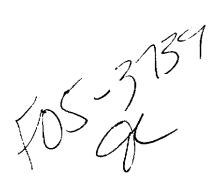
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: La Wans lac. (Name of Corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Aelen La Count Evans (Name of Person)
Ca Evans, Inc. (Firm/Company)
Mis d : + 00 0
Surlington 4C 272/5 (City/State and Zip Code)
City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (336) 438-2078 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
\$70.00 Filing Fee \$\(\text{Certificate of Status} \) \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy \$\(\text{Certified Copy} \) \$\(\text{Certified Copy} \)

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

import in language as will clearly indicate that it is a co in the name at present. "Company" or "Co." may not be	PORATED" or "CORPORATION" or words or abbreviations of like opporation instead of a natural person or partnership if not so contained e used as a corporate suffix by a nonprofit corporation.)
(State or country under the law of which it is incorpor	orated) (FEI number, if applicable) Superficient (Duration: Year corp. will cease to exist or "perpetual")
(Date of Incorporation)	5. (Duration: Year corp. will cease to exist or "perpetual")
4/4	tion. See sections 617.1501 & 617.1502, F.S, to determine penalty liability.)
. 7/9 Hermites Road,	Buliato, 40 272/5 incipal office address)
G. D. Box 1413 Meba	MC 27382 Current mailing address)
	ork with fouth ElOsly, ! Nome-
(Purpose(s) of corporation authorized in home state or Name and <u>street address</u> of Florida registered ager	
Name: Christophu Lovett	
office Address: 1206 Park Circle	
Tampo	, Florida <u>33604</u> (Zip Code)
(City)	(Zip Code)
signated in this application. I hereby accept the a	ept service of process for the above stated corporation at the place appointment as registered agent and agree to act in this capacity. Intutes relative to the proper and complete performance of my du of my position as registered agent.
x Christopher	South

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:

A. DIRECTORS			
Chairman: Nilen Evans			
Address: P.O. Box 1413			
Mehane, MC 27302			
Vice Chairman: Lev. Kinnely Watson			
Address: 4614 Saban Ove # 1883			
Tanpa, 71 33607			
Director: Christopher Lovett			
Address: 1204 Park Circle			
Tumpa, 71 33604			
Director:			
Address:			
B. OFFICERS			
President: Silen Evans			
Address: B. U. Box 1413			
Mehane, 40 27312			
Vice President: Kerrely Watson			
Address: 4614 Alabana ave. # 1803			
Tampa, 78 33607			
Secretary: Xana Salstat			
Address: 3412 E. Fleth Rive Tampa, 71 33605	* 1 × * * * * * * * * * * * * * * * * *		
Treasurer: Illu Evans	·		
Address: P. U. Boy 14/3 Mehane, GC 27302			
NOTE: If necessary, you may attach an addendum to the application listing additional offi			
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	e application)		
14. Helen EVANS (Typed or printed name and capacity of person signing application)			
() ped of prince name and capacity of person signing applicant	unj		



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

LAEVANS

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of December, 2003, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 31st day of May, 2005

Elaine I. Marshall

Secretary of State