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	•
(Re	equestor's Name)
(Ac	ddress)
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(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
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SECRETARY OF STATE
VLLAHASSEE, FLORIDA

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COVER LETTER

COVER LETTER FO: New Filing Section Division of Corporations SUBJECT: GLOBAL EQUITY FINANCE, INC.	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," 'Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
KEN HOUGH	
(Name of Person)	
GLOBAL EQUITY FINANCE	
(Firm/Company)	
4747 MORENA BLVD. SUITE 201	
, (Address)	
SAN DIEGO, CA. 92117	
(City/State and Zip code)	
For further information concerning this matter, please call:	
KEN HOUGH 858 768-6126	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\sum \text{\$78.75 Filing Fee & }\sum \text{\$87.50 Filing Fee,} \\ \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{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.

(If name unavailable in Florida, enter alternate corporate name CALIFORNIA		20-2792096	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
		PERPETUAL	
(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
UPON QU	JALIFICATION		
	(Date first transacted business (SBR SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
4747 MOF	RENA BLVD., SUITE 201, S.	AN DIEGO CA. 92117	
	(Principal office ad	dresa)	
	(Current mailing ad		
	Carrent manning ac	dress)	
	. Cantage maning ac	dress)	
(Ритрово)	s) of corporation authorized in home state or o	·	
, , ,		country to be carried out in state of Plorida)	
Name and stre	s) of corporation authorized in home state or o	country to be carried out in state of Plorida)	
. Name and <u>stre</u> Name:	s) of corporation authorized in home state or out address of Florida registered agent; (P. NRAI SERVICES, INC.	O. Box NOT acceptable) O. Box NOT acceptable)	
. Name and <u>stre</u> Name:	of corporation authorized in home state or on the state of the state o	O. Box NOT acceptable) ORIVE, SUITE 4	
. Name and <u>stre</u> Name:	of corporation authorized in home state or one address of Florida registered agent: (P. NRAI SERVICES, INC. 2731 EXECUTIVE PARK D. WESTON	O. Box NOT acceptable) ORIVE, SUITE 4 Florida 33331	
. Name and <u>stre</u> Name:	of corporation authorized in home state or on the state of the state o	O. Box NOT acceptable) ORIVE, SUITE 4 Plorida 33331 (Zip coda)	
Name and <u>atre</u> Name; ffice Address:	s) of corporation authorized in home state or out address of Florida registered agent; (P. NRAI SERVICES, INC. 2731 EXECUTIVE PARK DWESTON (City)	O. Box NOT acceptable) ORIVE, SUITE 4 Plorida 33331 (Zip code) Out in state of Florida CRETARY OF STATE (Zip code)	
Name and streen Name; office Address: O. Registered a leving been name	s) of corporation authorized in home state or out address of Florida registered agent: (P. NRAI SERVICES, INC. 2731 EXECUTIVE PARK D. WESTON (City) gent's acceptance: and as registered agent and to accept series of the corporation of the co	O. Box NOT acceptable) ORIVE, SUITE 4 Plorida 33331 (Zip code) Process for the above stated corporation at the	
Name and stree Name; office Address: O. Registared a leving been nan exignated in this arther agree to contact the street of th	of corporation authorized in home state or on the state of the state o	O. Box NOT acceptable) ORIVE, SUITE 4 Plorida 33331 (Zip coda) Process for the above stated corporation at the transit as registered agent and agree to act in this captalities to the proper and complete performance of new process for the proper and complete performance of new process for the proper and complete performance of new process for the proper and complete performance of new process for the proper and complete performance of new process for the proper and complete performance of new process for the proper and complete performance of new perfor	
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Name and atre Name: Office Address: O. Registered a Javing been name and this bother agree to a and I am familian	of corporation authorized in home state or on the state of the state o	O. Box NOT acceptable) ORIVE, SUITE 4 Plorida 33331 (Zip code) Process for the above stated corporation at the training april of the proper and complete performance of nosition as registered agent.	

^{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.

	SEC.	77			
12. Names and business addresses of officers and/or directors:	韶	P. Catalana			
•	SSEE	m			
A. DIRECTORS Chairman: CORNELL HOUGH	D P.	O			
	当 ?				
Address: 8951 JANUARY PLACE					
SAN DIEGO, CA. 92122					
Vice Chairman:					
Address:		.			
					
Director:					
Address:					
Director:					
Address:					
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
B. OFFICERS					
President: CORNELL HOUGH					
Address: 8951 JANUARY PLACE					
SAN DIEGO, CA. 92122					
Vice President:					
Address:					
Secretary:					
,		.			
Address:					
Treasurer:					
Address:		· · · · · · · · · · · · · · · · · · ·			
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or directors.				
13. Signature of Director or Officer listed in number 12 of the application)					
8ignature of Director or Officer listed in number 12 of the application) 14 PRESIDENT					
(Typed or printed name and capacity of person signing application)					

State of California Secretary of State

CERTIFICATE OF STATUS



ENTITY NAME:

GLOBAL EQUITY FINANCE, INC.

FILE NUMBER:

C2743509

FORMATION DATE:

04/20/2005

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I. DEBRA BOWEN. Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 02, 2009.

DEBRA BOWEN
Secretary of State

CORD OF DOTA MCC

NP-25 (REV 1/2007)