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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
operation to many control.					

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Co					
SUBJ	ЕСТ:	LAPER OF	TO EU WC.			
		(Name of co	rporation - must include suffix	()		
Dear S	ir or Madam:					
"Certi		ce," and check are submi	ion for Authorization to Trans tted to register the above refer			
Please	return all corres	pondence concerning this	s matter to the following:			
		MARIA GE	EOR GF			
		(1)	Name of Person)			
		LASER O	FOR 6F Name of Person) ALI EU WC			
		, (F	irm/Company)			
	ı	1600 QUL	FBLW, S	VITE YIT		
		CLEARWA	TER FL 33 //State and Zip code)	767		
		(City	//State and Zip code)			
For fu	rther information	concerning this matter,	please call:			
<u>M</u> /	Name of Pers	GEORGE at (727	3999 hone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			Registration Division of 0 P.O. Box 63	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	ed is a check for	the following amount:				
□ \$ 70	.00 Filing Fee	\$78.75 Filing Fee & Certificate of State		\$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) (State or country under the law of which it is incorporated)

3. 36 - 4374847

(FEI number, if applicable) 4/11/2000 5. PERPETVAL

(Date of incorporation) (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) GULF BLUA SUITE 417, CLSARWATE FL
(Principal office address)

33767 (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

PARENTS 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MARIA JEORGE
1600 SULF BLW #417
CLEAR WATER, Florida 33767
(City) (Zip code) Name: Office Address: 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

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: DAVIA WAREOE		
Address: 1600 QULF BLOW, JUTE 417		 -
CLEARWATER, FL 33767		 -
Vice Chairman: MARIA JEORGE Address: 1600 SULF BLUD SUTE 417		
Address: 1600 QULF BLUD SUTE 417		
CLEARWATER, FL 33767		 . ,
Director: PETEL GEORGE		
Director: PETEL GEORGE Address: 1600 GULF BLW, SURE 417		
CLEARWATES FL 33767		
Director: MICHASC LY great		
Address: 15 JOVTH NEWPORT AVENUE		
MAMPA, FL 33606		
B. OFFICERS		
President: MARIA SEORGE Address: 1400 SULF BLUD, JUINE 417		
Address: 1600 guf Blub, Juite 417		 .
CLEARWATTR FL 33767	8	<u> </u>
Vice President:		SIORE :
Address:	<u>~</u>	유로 - 1952 - 195
	3) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C
Secretary:	≠	AATO
Address:	<u>െ</u>	<u> </u>
Treasurer: TETER GEORGE		 .
Address: 1600 GULF BLW, JUSTE 417		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		
13 Au ~		
(Signature of Director or Officer listed in number 12 of the application)		
14. (Typed or printed name and capacity of person signing application)		

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LASER GARDEN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LASER GARDEN, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF APRIL, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

O6 JAN 12 AM IN: 1.6



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4385940

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3209975 8300

DATE: 12-19-05