F00000001875

TRANSMITTAL LETTER

	•	ntion/Tax Lien Section of Corporations	÷			
	SUBJECT:	ASTRA. IN				
	SUBJECT:	(Name of c	orporation - must include suffix))		
	Dear Sir or Mada	.m:				
		kistence", and check are subm	ation for Authorization to Transa itted to register the above refere			
	Please return all o	correspondence concerning th	is matter to the following:			
	_	SEANN M.	PAXWELL			
	_		Name of Person)	•		
	_	A STRA. 1.	Name of Person)			·
		ϵ	Firm/Company)			
	<u>.</u> .	4324 4	(Address) AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	N.		-
			(Address)			
	<u></u>	· PALM HI	gamor, FL 34	685-3171		
		•	(City/State/Zip)			يسم
	Should you need	to call someone concerning the		50000317e -03/20/001 *****78.75	01132006 *****78.79	5
	SEANN I (Name of	MAXWELE at (_ f Person)	727) 773- 8609 (Area Code & Daytime Teleph	7 none Number)		
Name	STREET ADD R	ESS:	MAILING ADDRES	TALLA	00 A	
	Qualification/Tax	•	Qualification/Tax Lie		₹ 3 1	
Document	Division of Corpo 409 E. Gaines St.		Division of Corporation P.O. Box 6327	ons SAC	5 -5 F	
	Tallahassee, FL		Tallahassee, FL 3231	4 ہے۔		
Updater	Enclosed is 2 Che	ck for the following amount:		ORIDA ORIDA		
The service was	□ \$70.00 Filing 1	Fee \$\forall \\$78.75 \text{ Filing Fee} \text{Certificate of Started}		□ \$87.50 Filing Fee Certificate of Sta Certified Copy	,	
កាល់ការ ខា	gement DCC			(T) \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	KIOS ADOL	/ <i>eld</i> /
W. P. Veri	fyer DCC	F000	00001875	O Name '	L3193	S
1000	70000					

150,015,228

Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

March 23, 2000

SEANN MAXWELL ASTRA, INC. 4324 RIDGEMOOR DRIVE N PALM HARBOR, FL 34685-3171

SUBJECT: ASTRA, INC.

Ref. Number: W00000007795

We have received your document for ASTRA, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 500A00016146

RESOLUTION OF BOARD OF DIRECTORS (Please print or type)

do hereby certify	
I, the undersigned <u>SEANN MAXWELL</u> , do hereby certify (Name)	
that this Resolution of the Board of Directors of Asian. INC.	<i>:</i>
NAME OF THE PARTY	_
a corporation duly organized and existing under the laws of the State of NEVAOA,]
was duly adopted on MANCH 31	1 J
Be it resolved, that Asian, Mc. (Corporate Name)	
organized and existing in the State of NEVADA, hereby adopts the name	
MAXWELL PRODUCTIVITY CONSULTANTS, INC. for use in Florida.	ā
Dated: MARCH 31, 2000	
Seam Maxwell	
Signature of either Chairman, Vice Chairman or any officer	
Type or print Name	
Type of print runne	

INHS19(1/00)

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. MSTRA INC.	
(Name of corporation; must include the word "INCORPOR ATED" "COMPANY" "COPPOR ATED"	
words of apprehensions 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. <u>NEVADA</u> 3- 88-0267854	
2. NEVADA (State or country under the law of which it is incorporated) 3. 88-0267854 (FEI number, if applicable)	
(FEI number, if applicable)	
4. JANUARY 20, 1989 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	
(Duration: Year corp. will cease to exist or "perpetual")	
6	
7	Π
PALM HARBOR, EL 34685 2171 88 5	
——————————————————————————————————————	1
	ر_
8. MANAGEMENT & PRODUCTIVITY CONSULTERS	
8. MANAGEMENT & PRODUCTIVITY CONSULTERS OF (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 or Mail Drop Box NOT acceptable)	
Name: <u>SEANN MAXWELL</u>	
Office Address: 4324 Ridgemoor Dawe N.	
001.11 1/000 0	
PALM HARBOR Florida, 34685	
(Zip code)	
10. Registered agent's acceptance:	
Having town and I was a second and the second and t	
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 agree to the provisions of all statutes relative to the agree to the provisions of all statutes relative to the agree to the agree to act in this capacity.	
The site provisions of all statutes relative to the proper and complete performance of my duties, and I am familiant to	ji
the obligations of my position as registered agent.	
Seann Maxuele	
(Registered agent's signature)	

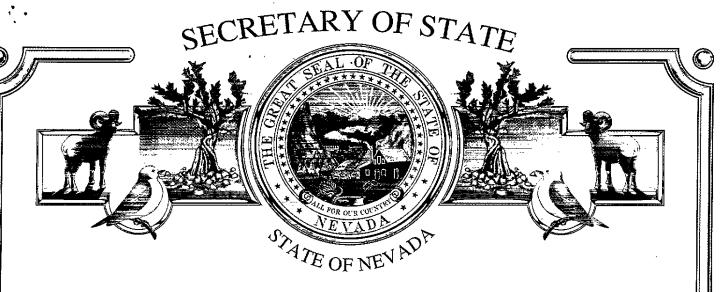
12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

Attached

which it is incorporated.

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)		
Chairman: <u>SEANN MAXWELL</u>		
Address: 4324 RIDGEMOOR VRIVE N.		
PACM HARBOR FC 34685		
Vice Chairman: MORGANNE MAX WELL		
Address: 4324 RIDGEMOOR DRIVE N.		
PALM HARBOR FL 34685		
Director:	-	
Address:		
		-7- +2
Director:		
Address:	SE O	
	CRE	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	TALY NASSE	=
President: SEANN MAXWELC		₽
Address: 4324 RIDGEMOOR DRIVE N.	FS &	_
PALM HARBOR FL 34685	<u> </u>	
Vice President:		1-7,
Address:		<u>.</u> .
Secretary: MORGANNE MAXWELL		
Address: 4324 RIDGEMOOR DRIVE N.		
DALM HARBOR FL 34685		
Treasurer: SEANN MAXWELL		
1/2 21/ Pine = 10 1 - 1/		
PALM HARBOR FC 34685		
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. 13.		
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14. SEANN MAXWELL, PRESIDENT		
(Typed or printed name and capacity of person signing application)		



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, the certify that I am, by the laws of said State, the custodian of the records relating to slings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships 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 the certificate, evidence, **ASTRA**, **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 January 20, 1989, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on **MARCH 13, 2000**.

TO THE COURSE OF THE COURSE OF

\$ecretary of State

Certification Clerk