F000000055169

To:

Qualification/Tax Lien Section

Division of Co	orporations			•		=
SUBJECT: &	Road CAS 7 (Name	STORE /2	<i>,</i>			
	(Name	of corporation - r	nust include suffiz	x)		<u>-</u>
Dear Sir or Madam:						
The enclosed "Applica "Certificate of Existent to transact business in	ce", and check are s	rporation for Authoritted to regis	norization to Trans ter the above refer	sact Business in renced foreign o	ı Florida", corporation	
Please return all corres						
- ·	KEN	LEVINSON				-
	0	(Name of Pers	son) L /vc 3			
	BROANCA	UT STOR.	1 /vc 3	00003	38233	235
		(Firm/Compar	ıy)	本本非常制 0:37:03	87.50 **	აა⊍⊥⊍ ⊧***87.50
<u></u>	1840 F1	OWER ST.	9120) p)			
		(Address)			,	
	6LENOALE	Ca	91201			
		(City/State/Zi	p)		•	**
Should you need to call	someone concerning	•		à>	TAIN OU O	00 0
(Name of Perso	on)	(Area Code	& Daytime Telepl	hone Number)	MASSE,	TILED
STREET ADDRESS:		MA	ALLING ADDRES	SS:	resident	
Qualification/Tax Lien Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399		Div P.O	alification/Tax Lie ision of Corporati . Box 6327 lahassee, FL 3231	ons		<u>သ</u> ၁
Enclosed is a check for	the following amou		andssee, 115 3231	יד	4	
☐ \$70.00 Filing Fee	S78.75 Filing I Certificate of		75 Filing Fee & tified Copy	S87.50 Fi Certifica Certified	ate of Status	&

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

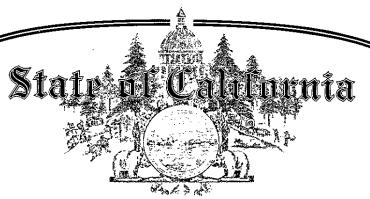
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. BRONDEAST STORE IN	
(Name of corporation; must include the word "INCORPORATED"	", "COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly in natural person or partnership if not so contained in the name at pre	dicate that it is a corporation instead of a
mental posson of partnership it not so contained in the name at pre	Sciii.)
2. Cakif (State or country under the law of which it is incorporated)	95-4166347
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4	RASTUAL
(Date of incorporation) (Duration	on: Year corp. will cease to existor "perpetual")
6/9-1-00	
6	607.1501, 607.1502 and 817.155, F.S.)
The series of the comments	
	to the second se
6/ENAALE CA 9:VO/ (Current mailing address)	
(Current mailing address)	
C/21 . 412 18 11- 1 A	
8. Sales of New? USEA Broad (Purpose(s) of corporation authorized in home state or country)	CAST Zquipment
	, man
9. Name and street address of Florida registered agent: (P.	O. Box or Mail Drop Box NOT acceptable)
D. C	
Name: 1880 SANCHES Office Address: 20191 N.E. 1674 PL. Migmi FL	Size 5 = 1
Office Address: 20/9/ N.E. /674 PL.	
11 10/1/00 1	
Migmi FL	, Florida, <u>33/29</u> 30 30 30 30 30 30 30 30 30 30 30 30 30
	(Zip code)
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of processing the service of	ess for the above stated corporation at the place designated in
this application, I hereby accept the appointment as registered agent with the provisions of all statutes relative to the proper and complete	and agree to act in this capacity. I further agree to comply
the obligations of my position as registered agent.	performance of my addies, and I am familiar with and accept
(Registered agent's signate	nea)
1	
11. Attached is a certificate of existence duly authenticated, not more the	han 90 days prior to delivery of this application to the
Department of State, by the Secretary of State or other official having c which it is incorporated.	ustody of corporate records in the jurisdiction under the law of

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: <u>Gueren Clause</u>	
Address: 10748 Sungers	
CHATSWORTH CA 91811	To the second
Vice Chairman: Sausa Claus E	
Address: 10748 Survigens	
CHATSWORTH CA 9811	
Director:	<u> </u>
Address:	
	-
	,
Address:	\$177 Aug 1177 Aug 117
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	<u> </u>
President: Lucien Clause	
Address: 10348 SUN-78R1E	
C477540470 (A 91311	<u> </u>
Vice President: Savan Chause	HS G
Address:	7 1
,	P
CUNTSWONTH CA 91311	
Secretary: Lucien Clause	30
Address: As Asove	The state of the s
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address: A= ABOVE	N. S.
Address: A= Haove	2 - 3 - 3
	* · · · · · · · · · · · · · · · · · · ·
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 appl	ication)
SANDET CLAUDE VICE CHTIAMIN	/
14. (Typed or printed name and capacity of person signing application)	

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SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

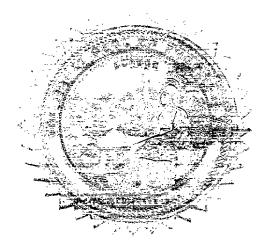
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 24, 2000

Till Jones

Secretary of State