## FOLOQUIQUO52

TO: Registration Section Division of Corporations				
SUBJECT: CBA, 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  (Name of		0035223540 -01/04/0101009002 *****78.75 *****78.75		
(Name of	Person)			
moder flamme	+ lending Spe	ecialists.		
9220 Bonita Sola	ch RI.	<u> </u>		
Rooles CLON FC 34135				
(City/State a	nd Zip code)			
For further information concerning this matter, please call:				
(Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET ADDRESS:	MAILING ADDRESS: Registration Section	FO1-52		
Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	QL.		
Enclosed is a check for the following amount:				
□ \$70.00 Filing Fee	\$78.75 Filing Fee &  Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		

Dec 22 00 11:29a

Leigh Froehlich

941-947-7771

## 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.	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or		
	11 Juliana At the tempor in inipility as with closed in the company in the compan		
	natural person or partnership if not so contained in the nature of production		
2.	DevadA  3. 84-1364283  (PEI number, if applicable)		
۰.	(See as country under the law of which it is incorporated)		
	1997 5. PETPETUAL		
4.	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")		
_	Upon Qualification		
Land Land in Florida II corporation has not transacted business to			
7	Principal office address)		
•	(Principal office address)		
	(Current mailing address)		
	T = 1: iled Postavership = = =		
8	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		
	(Purpose(s) of corporation authorized in folia state of the state of t		
ç	P. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)		
	CRATURE / Ceigh trophlich		
•	Office Address: 9220 BONITA BEATH ROAD, TOY		
	BONIA Springs, Florida 34135 (Zip code)		

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 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.

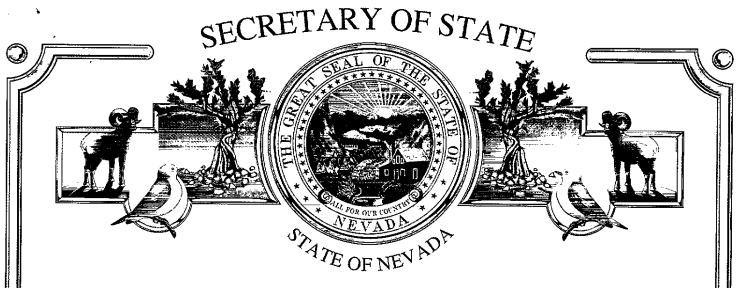
(Registered agent's signature)

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.

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## 12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director: Tim Hester	
Address: 6650 E. Prentice Ave Greenho	od Village, co som
Director: Steve Geving	
Address: 8455 Steepelchase Dr.	
Frankton, CO 80116	
B. OFFICERS	
President: Tim Hester	
Address: 6656 E. Prentice Aue. Green	wood Villago (GG SOU
Vice President:STEVE GOVING	
Address: 8455 Steepelchase DT.	
Franktown (0 80116	25 5 00 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	<u>2542 O</u>
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Address;	
reasurer:	
ddress:	
OTE: If necessary, you may attach an addendum to the application listing	
(Signature of Chairman, Vice Chairman, or any officer liste	d in number 12 of the application)
4. Tim Hester	
(Typed or printed name and capacity of person sign	ing application)



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts 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 this certificate, evidence, **CBA**, **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 October 30, 1996, 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 Carson City, Nevada, on December 22, 2000.

Secretary of State

Βv

Certification Clerk