F010000001495

To:

Registration Section Division of Corporations

Division of Corporations			
SUBJECT: CAPTIAL ASSET MANAGEMENT INC.			
(Name of corporation - must include suffix)			
Dear Sir or Madam: 000038315701 -03/12/0101137008 *****78.75 *****78.75			
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:			
BRET STEINHART			
(Name of Person)			
Capital Asset MANAGEMENT			
(Figm/Company)			
(Apitel HSSET MANAGENTUT) (Figm/Company) 5044 NW 87 TER (New Address)			
(Address)			
Cort Spings, F1 33067			
(City/State/Zip)			
(,			
Should was need to call company concerning this matter places call:			
Should you need to call someone concerning this matter, please call:			
BRET STEDNHART # 954, 501-3566 = 0			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
110810H4410H D00410H			
Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327			
or ion			
Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: 3/26			
□ \$70.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 14, 2001

BRET STEINHART 5044 NW 87TH TERRACE CORAL SPRINGS, FL 33067

SUBJECT: CAPITAL ASSET MANAGEMENT INC

Ref. Number: W01000005780

We have received your document for CAPITAL ASSET MANAGEMENT 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) 487-6097.

Michael Mays Document Specialist

Letter Number: 601A00015614

RESOLUTION OF BOARD OF DIRECTORS

. (Please print or type)

I, the undersigned BREC STEIN HART, do hereby certify	
I, the undersigned(Name)	
that this Resolution of the Board of Directors of	
that this Resolution of the Board of Directors of	
(Corporate Name) O	
a corporation duly organized and existing under the laws of the State of 16 County.	
was duly adopted on July 31. Be it resolved, that ASSET MANAGE M	
hereby adopts the name	
organized and existing in the State of December of South Flored A Bak Brook Schrifts Corporation of for use in Flored A	
Dated: 3/19/01	F)
Signature of either Chairman, Vice Chairman or any officer	
BRET STEDUTION Type of print name	•

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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. CAPITUL ASSET MANAGEMENT INC.				
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations 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>Veleurare</u> 3. <u>65-1035535</u>				
(State or country under the law of which it is incorporated) (FEI number, if applicable)				
4				
6. UPON QUALIFICATION				
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")				
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)				
7. a. 5044 NW 87 TER CORN Springs F1. 33057				
b. 5044 NW 87 Ter Court Spring F1 3301-7				
(Current mailing address)				
8. Consulting Ventuce Charl Marketing				
(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: BRET STETNHANT				
Office Address: DYY NW 872 TEL				
Coest Springs Fl , Florida 33067				
(Zip code)				
10. Registered agent's acceptance:				
Having heen named as registered agent and to				
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				
The provisions of an statutes require to the proper and complete newformance of any decises and the contraction and the contraction and the contraction and the contraction are the contraction are the contraction and the contraction are the contraction are the contraction and the contraction are the contra				
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.				

of which it is incorporated.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	•
Chairman: BRET STELLOHINT	,
Address: SUYY NW 87th 7E	1 22
Ceral Springs, Il	4 53067
Vice Chairman:	
Address:	
Director:	
Director:	
Address:	
Director:	
Director:	
Address:	
B. OFFICERS	
President: BRET STEDUEANT	
Address: 5044 NW 873 TE	-R
Corpl String F1	R 33067
Vice President:	
Address:	Si o
	FO 3713 3
Secretary:	
Address:	
	플류 3
Treasurer:	
Address:	
211	
OTE: tracessary, you may attach an addendum to the application	on listing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any off	icer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

State of Delaware

PAGE 1

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAPITAL ASSET MANAGEMENT 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_SIXTEENTH DAY OF FEBRUARY, A.D. 2001.

01 MAR 20 MM 2: 33
SECRETARY TO THE TOTAL PROPERTY OF THE PROP



Darriet Smith Windson Harriet Smith Windson, Secretary of State AUTHENTICATION: 0978316

3268315 8300

010069932

DATE: 02-16-01