FOIOOOOOU4881

| TO: Registration Section Division of Corporations | | |
|--|--|---------------|
| SUBJECT: Sielik Enteror | 15e5 | |
| (Name of corporation - must include suffix) | 1000 | |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Busine "Certificate of Existence", and check are submitted to register the above referenced fore to transact business in Florida. | ess in Florida", eign corporation | |
| Please return all correspondence concerning this matter to the following: | , | |
| Accommodations For you | | |
| P.O. BOX (Firm/Company) | | r - m- 1 - 4% |
| - Miami Lakes Florida | 33017 | ey |
| (City/State and Zip code) | | |
| | 555329- 1/01010610 87.50 *****8 | |
| Dolla Sonowy-Nove 786, 251-85/3 | 5 Wol-19 | 949 |
| (Name of Person) (Area Code & Daytime Telephone Numl | ber) | |
| | . | |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | FILED O1 SEP 18 PM SECRETARY OF S | ÷ |
| Enclosed is a check for the following amount: | RAT 7: | |
| ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.5 Certificate of Status Certified Copy Certificate | ਤੌਜ਼ੀ ਯੂ 50 Filing Fee, tificate of Status & | inthe |
| | tified Copy | 9/18 |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 28, 2001

DELLA SAVOURY PO BOX 170032 MIAMI LAKES, FL 33017

SUBJECT: SIELIK ENTERPRISES Ref. Number: W01000019949

We have received your document for SIELIK ENTERPRISES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A certificate of existence or a certificate of good standing, dated no more than 96 days prior to the delivery of the application to the Department of State duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6097.

Michael Mays Document Specialist

Letter Number: 201A00048887

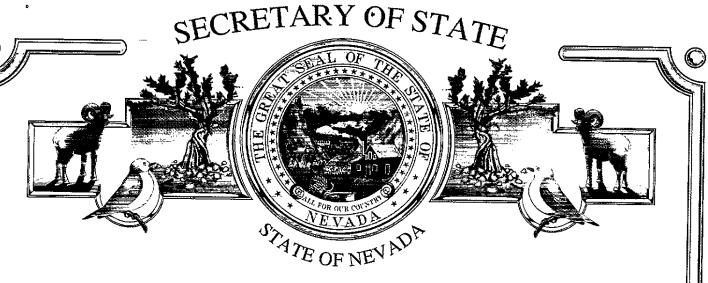
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| 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. |
|--|
| SIPLIK FORTER OF FLORIDA. |
| (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in learning to the company of |
| 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>XEVADA</u> 3. 88-0499500 |
| (FEI number, if applicable) |
| 4. June 6, 2001 5. Perpetual |
| Duallon: I ear corn, will cease to exist or "nametral" |
| 6. Core Since to Const Of Perpetual) |
| (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, E.S.) |
| 7. 339550WH JONES Blud 5 LAS VEGAS, NV 8914 |
| (Principal office address) |
| (Principal office address) |
| (Current mailing address) |
| |
| (Purpose(s) of corporation outbories to the Service |
| (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: Della Savoury - |
| Office Address: 2/22/ NW 29 Ave |
| |
| Miami, Florida 33066 25 33 |
| (City) (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 as registered as registered. |
| further agree to comply with the provisions of all statutes relative relati |
| duties, and I am familiar with and accept the obligations of my position as registered agent. |
| |
| 1 Della Johnson |
| (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: Della Savorusy Mayo |
| Address: P.O. DOX 170032 |
| - Miami Lakes, Florida 33017 |
| Vice Chairman: D. Mayo |
| Address: P-0, Box 170032 |
| Miami LKS, Klorida 33017 |
| Director: S.L. Morgan |
| Address: P.O. Box 170032 |
| Miami Lks, FL 33017 |
| Director: |
| Address: P.O. BOX 170032 |
| 17/10m1 [KS. PC 33017 |
| B. OFFICERS |
| President: Della Savoury Mayo |
| Address: |
| - Miami Linkes, Florida 3300 8 7 |
| Vice President: M. SAVOURY - ANDERSON SER = |
| Address: 10. BOX 170032 |
| MIAMI PLA 33017 |
| Secretary: D. SAVOUNG- |
| Address: P.O. BOY 170032 MIAM, FL 33017 |
| Treasurer: D. SAVoury |
| Address: 1.0. BOX 170032 MIAMI PL 33017 |
| |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |
| JELIA SAVOURIL MAALE (CI |
| (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, 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, **SIELIK ENTERPRISES**, 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 June 6, 2001, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunts set menand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on June 6, 2001.

Secretary of State

Certification Clerk