

2331 Hanson Place Tallahassee, Florida 32301 Voice: (850) 942-5464 Fax: (850) 942-5111 www.floridacompliance.com

Office Use Only

		*
CORPORATION	NAME(S) & DOCUMENT N	TUMBER(S), (if known):
1. Vikin	a Capital T	MC. SE THE SECOND SECON
2	ooration Name)	SEE. B
, ,	Joration Name)	(Document #)
3(Corn	poration Name)	(Document #)
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4(Corp	poration Name)	(Document #)
	Pick up time Oct.	Certified Copy Certificate of Status
		B. AMERICANA, THE STATE OF THE
NEW FILINGS	AMENDMENTS.	
Profit	Amendment	5000046168659 -10/01/0101001010
NonProfit	Resignation of R.A., Officer/	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHERBUINGS	REGISTRATION/S QUALIFICATION	
Annual Report		
Fictitious Name	Foreign	Q(IIMO + 1 tops = -
Name Reservation	Limited Partnership	SWILT AROGADO - 10 POLICIA SUR TARGOTA SARA JANT
	Reinstatement	DIVISION OF STATE DIVISION OF CORPORATIVE AGINO TALLAHASSEE, FI ORIDA
	Trademark	O1 2Eb 58 bit 7: 05
	Other	RECEIVED
		Examiner's Initials
CR2E031(1/95)		21,000

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA
是第一个不
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. VIKINA (a) Ital: Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
(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>Calitornia</u> 3. 33-0860696
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. <u>5126/99</u> 5 Pernetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
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.)
7.1505 Bridgeway #209 Sausalito, CA 94965
(Principal office address)
Same
(Current mailing address)
8. Mortgage Broker/lending
(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: Florida Complianco Specialists, Inc
Office Address: 233) Hansen + lace
[allahassee , Florida 3230]
(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
lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my
luties, and I am familiar with and accept the obligations of my position as registered agent.
(Registered agent'k/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	SE SE
Chairman: William Powell.	最多艺
Address: 1505 Bridgeway #209	80 TO 100
Sausalito, CA 1949b5	一門 星 〇
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Vice Chairman:	- Smi -
Address:	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
Director: Gregory Povell	
Addross: 1505 Bridgeway #209	
Sausalito CAI 94965	
Director:	
Address:	
B. OFFICERS	
President: Gregory Towell	
Address: Sume	
Vice President:	- ' F ¬= '
Address:	
Secretary: William Powell	
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1.101.	
Treasurer: William Towell	
Address: Same	
NOTE: If necessary you may attach an addending to the application listing additional of	/ 4*
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 approximation of the specific control of the	nnlication
14. William Powell	-producti)
(Typed or printed name and capacity of person signing application)	



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

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

That on the **26TH of MAY 1999, VIKING CAPITAL, INC.** 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 SEPTEMBER 10, 2001.

BILL JONES Secretary of State