F0200001814

TO: Registration Section Division of Corporations					
SUBJECT: AEROSELL LTD 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 to the following:					
H.A. Schalle					
(Name of Person) AEROSELL LTD TNC.					
AEROSELL LTD TNC. 50m 5					
(Firm/Company)					
750 SW 34 Th STREET SUITE 204 (Address)					
(Address)					
FORT LAUDERDALE, FL 33315 (City/State and Zip code)					
(City/State and Zip code)					
For further information concerning this matter, please call: -04/12/0201029007 ****167.50 *****87.50					
(Name of Person) at (561) 305 - 4265 (Area Code & Daytime Telephone Number)					
(Atta Code & Daytime Telephone Number)					
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					
Enclosed is a check for the following amount:					
S70.00 Filing Fee S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy					

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. AEROSELL LTD., 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. NEUNDA 3. 88-0478759 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
	-
4. OCTOBER 26,2000 5. PERPETUAL	
4. OCTOBER 26, 2000 5. PERPETUAL (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. 750 SW 39Th STREET SUITE 204 FORT LAUDERDALE, FL	•
7. 750 SW 39Th STREET SUITE 204 FORT LAUDERDALE, FL (Principal office address) 333	15
750 SW 34Th STREET SUITE 204 FORT LAUDERDALE, FL 33315	
(Current mailing address)	
8. IMPORT EXPORT	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	1 2- 1
•	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: H.A. Schaller	
Name: 77.47.3 EMACLEX	
Office Address: 750 SW 3YTh STREET SUITE 204	
ر ز	בֻּע
FORT LAUDERDALE Florida 33315	ĒĆ
FORT LAUDERDALE, Florida 333/5 (City) (Zip code)	<u>ئے۔</u> ان
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.

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

A. DIRECTORS			
Chairman: H.A. Schaller		• ;	<u>3</u> 44 -,.
Address: 750 SW 34 Th STREET SUITE 204	FORT LAUZ	PRAIF	E/ 232/
		,	
Vice Chairman:			
Address:		<u>- · </u>	
Director: HA. Schaller			
Address: 750 SW 34 Th STREET SUITE 204 FOR			
		•	
Director:		·	<u> </u>
Address:		<u> </u>	
And the second s	<u> </u>	- ಕೆಂ-	
B. OFFICERS		ECR A	7
President: H.A. Schaller		ETAR HASS	
Address: 750 SW 34Th STREET SUITE 204			
		STEP STEP	<u> </u>
Vice President: 1. A. Schallen		THE REPORT OF THE PERSON OF TH	<u> </u>
Address: 750 SW 34Th STREET SUITE 204 F	ORT LAUDE	REALE, F	233315
Samuel Marian			
	<u> </u>		
Address: 750 SW 347h STREET SUITE 204	FORT LAU	DERDAL	E , FL 33313
Treasurer: M.A. Schaller	<u> </u>	<u></u>	<u>-</u> -
Address: 750 SW 34Th STREET SUITE 204 A	FORT LAUE	FRDALE	FL 33315
		·	
NOTE: If necessary, you may attach an addendum to the application listing a	dditional officers ar	d/or directors.	
13. (Signature of Chairman, Vice Chairman, or any officer listed i			
//// / - / - / - / - / - / - / - / - /	= -	,	
(Typed or printed name and capacity of person signing	g application)	<u> </u>	



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, **AEROSELL**, **LTD**., 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 26, 2000, 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 April 9, 2002.

DEAN HELLER Secretary of State

Certification Clerk