## FOROGOOS505 TRANSMITTAL LETTER

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TO:	Registration Se					```	800
	Division of Co	rporations			••	. 32	000
						•	<b>4</b> 70
SUBJ	ECT:	MAS Enterp	rises, Inc	<u>•.                                    </u>			_/, ~
		(Nar	ne of corpora	tion - must includ	le suffix)		زه
Dear S	Sir or Madam:						
"Certi		e", and check ar			to Transact Busir ve referenced for		
Please	return all corresp	pondence concer	ning this mat	ter to the followin	ng:		
	Marie Ha	nilton					·4 ±
			(Name	of Person)			
	T	Daniel Daniel	T	·			
	Independe	ent Property		company)	<u> </u>		- ::-
			(1 mmc	Company)			
	P.O. Box	3684					-
			(Ad	dress)			
	<u> Tallahass</u>	see, Florida		1			
			(City/State	e and Zip code)			
For fur	ther information	concerning this	matter, please	call:	-07/	6277922 09/0201038- *120.00 ****	
Mari	e Hamilton		_ at ( 850		8	91V	
	(Name of Perso	on)	(Area	Code & Daytim	e Telephone Nur	nber)	
			,		e Telephone Nun	JUL -9	
	ET ADDRESS:			MAILING A		P P M	
	ation Section			Registration S	i de la companya de	\$ - 0	
	n of Corporation	<b>S</b>		Division of C		in Allio	
	Gaines St. ssee, FL 32399			P.O. Box 632		PH 1: 47	-
ı amana	13300, 132 32377			Tallahassee, F	ъ 32314 —	<del>para</del>	-
Enclose	ed is a check for	the following an	ount:				
<b>j</b> \$70.	00 Filing Fee	□ \$78.75 Filin Certificate		S78.75 Filing Certified Cop	y Ce	7.50 Filing Fee, extificate of Status	&

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)



I, the undersigned	Marie Hamilton	, do hereby certify
- <del>-</del>	(Name)	
hat this Resolution of	the Board of Directors of	
MAS I	Enterprises, Inc. (Corporate Name)	
corporation duly org	anized and existing under the laws of the State	of Wyoming
vas duly adopted on _	June 24	, 2002 .
e it resolved, that	MAS Enterprises, Inc. (Corporate Name	
rganized and existing	in the State of Wyoming	, hereby adopts the name
Independent	Property Investment, TA/C.	for use in Florida.
Pated: July 9, 2	2002	
	Signature of either Chairman, Vice Chairma	n or any officer
	<u>Marie Hamilton</u> Type or 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. MAS Enterprises, Inc.	
(Name of corporation; must include the word "INCORPOR	
words or abbreviations of like import in language as will cle	arly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the name	at present.)
1 1	•
2 Harandana	2
	(FEI number, if applicable)
(State or country under the law of which it is incorporated)	(FEI number, if applicable) $Q \ge S$
'	- SEC
	5. Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
•	9 27
6. upon qualification	7 200
(Date first transacted business in Florida. If corporation has	not transacted business in Florida, insert "upon qualification"
	501, 607.1502 and 817.155, F.S.)
(522 52 52 50 7.2	
7 D O Day 260/ Wallahaana Elamida 22	215 ·
7. P.O. Box 3684 Tallahassee, Florida 32	
(Principal office	address)
P.O. Box 3684 Tallahassee, Florida 32	
(Current mailing a	address)
8. Real Estate	
	r country to be carried out in state of Florida)
8. Real Estate (Purpose(s) of corporation authorized in home state or	r country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in home state or	•
	•
(Purpose(s) of corporation authorized in home state of Purpose(s) of Florida registered agents.  9. Name and street address of Florida registered agents.	•
(Purpose(s) of corporation authorized in home state or	•
(Purpose(s) of corporation authorized in home state of Purpose(s) of Florida registered agents.  9. Name and street address of Florida registered agents.	•
(Purpose(s) of corporation authorized in home state of Plorida and Street address of Florida registered ager Name: Marie Hamilton	•
(Purpose(s) of corporation authorized in home state of Purpose(s) of Florida registered agents.  9. Name and street address of Florida registered agents.	·
(Purpose(s) of corporation authorized in home state of  9. Name and street address of Florida registered ager  Name: Marie Hamilton  Office Address: 4518 Russells Pond Lane	nt: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s) of corporation authorized in home state of state of the st	nt: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 32303
(Purpose(s) of corporation authorized in home state of Plorida and Street address of Florida registered ager Name: Marie Hamilton	nt: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s) of corporation authorized in home state of state of the st	nt: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 32303
(Purpose(s) of corporation authorized in home state of street address of Florida registered ager  Name: Marie Hamilton  Office Address: 4518 Russells Pond Lane  Tallahassee, (City)	nt: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 32303
(Purpose(s) of corporation authorized in home state of  9. Name and street address of Florida registered ager  Name: Marie Hamilton  Office Address: 4518 Russells Pond Lane  Tallahassee, (City)  10. Registered agent's acceptance:	nt: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 323@3 (Zip code)
(Purpose(s) of corporation authorized in home state of state of the st	nt: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 32303 (Zip code)  ervice of process for the above stated corporation at the place
(Purpose(s) of corporation authorized in home state of state of the st	nt: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 32303
(Purpose(s) of corporation authorized in home state of state of the st	t: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 323@3  (Zip code)  ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my
(Purpose(s) of corporation authorized in home state of state of the st	t: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 323@3  (Zip code)  ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my
(Purpose(s) of corporation authorized in home state of state of the st	t: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 323@3  (Zip code)  ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my
(Purpose(s) of corporation authorized in home state of state of the st	t: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 323@3 (Zip code)  ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my
(Purpose(s) of corporation authorized in home state of state of the st	t: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 323@3  (Zip code)  ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my

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.

(Registered agent's signature)

12. Names and business addresses of officers an	nd/or directors:
A. DIRECTORS	
Chairman:	
Address:	· · · · · · · · · · · · · · · · · · ·
Vice Chairman:	
Address:	O 2
	JUL ORRET
Director: Marie Hamilton	9 32 6
	POS POS
Address: P.O. Box 3684	an offi
Tallahassee, Florida 32315	
<del>-</del>	· · · · · · · · · · · · · · · · · · ·
Tallahassee, Florida 32315	· · · · · · · · · · · · · · · · · · ·
B. OFFICERS	
President:	
Address:	
Vice President:	·
Address:	
Secretary:	
	· <del></del> ***
	······································
Address:	
NOTE: If necessary, you may attach an addendum	n to the application listing additional officers and/or directors.
	••
(Signature of Chairman, Vice Chair	irman, or any officer listed in number 12 of the application)
14. <u>Marie Hamilton, Directo</u>	r
(Typed or printed name an	d capacity of person signing application)

## State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming SECRETARY OF STATE DIVISION OF CORPORATIONS

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that according to the records in the office of the Secretary of State of Wyoming, MAS ENTERPRISES, INC. is a corporation organized under the laws of the State of Wyoming, whose date of incorporation is 06/24/2002; and whose period of duration is perpetual.

I FURTHER CERTIFY that this corporation has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and that Articles of Dissolution have not been filed, thus making the corporation in existence in the State of Wyoming.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 25th day of June A.D., 2002.



Secretary of State