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TO: Registration Section Division of Corporations	O DE AUG
SUBJECT: COPPERHEAD, INC.	of cr
(Name of corporation - must include suffix)	= = = = = = = = = = = = = = = = = = =
Dear Sir or Madam:	h 19
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", ign corporation
_ / /	47357443 21/0101032008 **87.50 *****87.50
MILLIP J. MORAN	
(Name of Person)	upl-29372
(Firm/Company)	
- P.O. BOX 0911.	<u>/</u>
(Address)	
LYND HAVEN, +L 3244	44
(City/State and Zip code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please call:	Marin Jan Jan Jan Jan Jan Jan Jan Jan Jan Ja
mornador concerning this matter, please can:	
THILIP J. MORAN at (850) 271-3360.	
(Name of Person) (Area Code & Daytime Telephone Numb	per)
STREET ADDRESS: MAILING ADDRESS.	
Registration Section Registration Section	
Division of Corporations 409 E. Gaines St. Division of Corporations P.O. Box 6327	·
Tallahassee, FL 32399 Tallahassee, FL 32314	
Enclosed is a the following amount:	
Document \$70.500 Filing Fee & \$78.75 Filing Fee & \$87.5	50 Filing Fee,
Certificate of Status Certified Copy Cert	ificate of Status &
Verifyer PQ (NCd) Cert	ified Copy
Verifyer FQ (NCel) FQ (NCel) FACTORION A GENT AND COMMENT OF THE PROPERTY OF	7570 exts 17.50
A. P. Verryer Olt dia	exts 17.50
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 27, 2001

PHILIP J. MORAN PO BOX 0911 LYNN HAVEN, FL 32444

SUBJECT: COPPERHEAD, INC. Ref. Number: W01000029372

We have received your document for COPPERHEAD, INC. and your check(s) totaling \$87.50. 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) 245-6097.

Michael Mays Document Specialist

Letter Number: 601A00067141

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.
REGISTER A FOREIGN CORFORATION TO TRANSACT DOBITION IN THE STATE OF TH
1. COPPERHEAD, INC. CIDIA E.W. COPPERHEAD, INC. IN MONDA
(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.)
99 ~ 1848/7
/2. / JEVANA 3 3 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(built of country united the first the country united the first the country united the co
4. 24 JANUARY 2001. 5. YERPETUAL
(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.)
7.5300 W. SAHARA AVE. SHE 101. LAS VEGAS, NV. 89146
(Principal office address)
7.0. Box 27740, LAS VEGAS, NV. 89126
(Current mailing address)
& KEAL ESTATE INVESTMENT & RENTALS.
(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: PHILIP J. MORAN
Office Address: 3609 Conwick DR
South Port, Florida 32409
(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 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.

Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: THILIA I. WORAN	
VC. PAddress: 3609 COWNICK DR.	dus
SouthPort, FloriDA 32409	
/Vice Chairman: YHI/13 J. MORAN)	
Address: 3609 CONNICK DR.	
SouthPORT, FLORINA 32409	- 4
Director: PHILIA I MORAN	
Address: 3609 Conwick DR.	
SouthPORT, FloriDA 32409	
Director: PHILIT WORAN	Tall Loan
Address: 3609 Connick NR	
South PORT, FloriDA 32409	-
B. OFFICERS	
President: HiLip J. MORAN	
Address: 3609 CONWICK DR.	
South PORt, FLORINA 32409	
Vice President: WELISSA MORAW	
Address: 3609 Conwick DR.	
Southfort, FlorisA 32409	
Secretary: Hikip T. MORAN	
Address: 3609 COWWICK DR. Southfort, & LORINA 32409	-
VTreasurer: PHILIN J. MORAN	
Address: 3609 CONINICK DA Southfort, FLARINA 32409	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. Cinal Control of Marian	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. THILIP T. MORAN, (HAIRMAN) OF COPPERHEAD, INC. (Typed or printed name and capacity of person signing application)	
- · · · · · · · · · · · · · · · · · · ·	

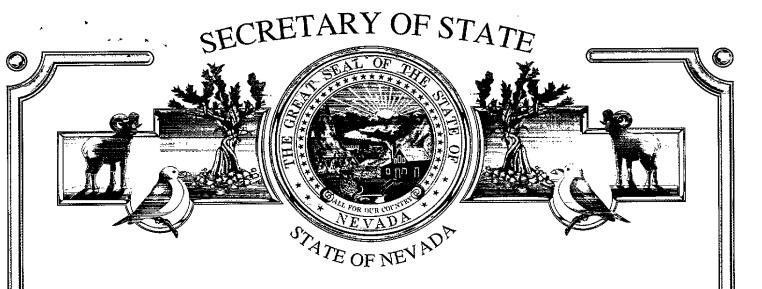
FAX NO.

SECALTARY OF STATE OF

RESOLUTION OF BOARD OF DIRECTORS

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS19(1/00)



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, **COPPERHEAD**, **INC.**, 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 January 24, 2001, 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 November 2, 2001.

Secretary of State

Ву

Certification Clerk