F02000004748

TRANSMITT	AL LETTER	
TO: Registration Section Division of Corporations	 	THE SECOND
SUBJECT: HOTEL HATS, Inc. (Name of corporate	ion - must include suffix)	Most of the little of the litt
Dear Sir or Madam:		75
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	or Authorization to Transact Bu o register the above referenced	siness in Florida", foreign corporation
Please return all correspondence concerning this matter. SAWANTA BPECS	ter to the following: 900	007780779: -09/17/0201005004 ******79.75 ******79.79
(Name	of Person)	deposite the transmissible to
HOTEL Hats, Inc		<u></u>
(Firm/C	Company)	
2222 RYDATWAY ST.	· 	-
(Ac	ldress)	
BOUDER 6 80302	· · · · · · · · · · · · · · · · · · ·	
(City/Stat	e and Zip code)	
For further information concerning this matter, please SAWANTHA BUERS at (303) (Name of Person) (Area	e call: 443 - 3933 * 20 ea 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: \$\sigma \\$70.00 \text{ Filing Fee & Certificate of Status}\$	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, 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. 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. Color ado (State or country under the law of which it is incorporated) 3. 84-1543869 (FEI number, if applicable)
, · ·
4. Despetial (Date of incorporation) 5. Despetial (Duration: Year corp. will cease to exist or "perpetual")
6. 91102
(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. 777 29th St. Suite 100 Boulder Too 80303
(Principal office address)
2229 BRDADWAY St. Boudles, Co. 80302 (Current mailing address)
(Current mailing address)
8. Administrate hotel employees benefits & payrol Tinctions (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: YAT Dubran
Office Address: 10775 W. Everald Coast Play
(City), Florida 32552 (Zip code)
(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. 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: NHA Vice Chairman: WA Director: NA Address: B. OFFICERS President: DANIET King Address: 255 Manhattan Dr. Barber, Co 80303 Vice President: NA Address: _ Quento Broomfield, CO T 80000 NOTE: The 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) SAWNTH BUENS (Typed or printed name and capacity of person signing application)



STATE OF COLORADO

DEPARTMENT OF STATE CERTIFICATE



I, DONETTA DAVIDSON, Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

HOTEL HATS, INC. (Colorado CORPORATION) File # 20001081957

was filed in this office on April 21, 2000 and has complied with the applicable provisions of the laws of the State of Colorado and on this date is in good standing and authorized and competent to transact business or to conduct its affairs within this state.

Dated: August 22, 2002

For Validation:

Certificate ID: 584060

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

www.sos.state.co.us/ValidateCertificate

SECRETARY OF STATE