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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| 18/18 FOR LORP. | | | | |
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Office Use Only



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TRANSMITTAL LETTER

| | ration Section on of Corporations | | | | | |
|---|--|---|--|--|--|--|
| SUBJECT: | Center for Mnematic Investigat | ions Corp. | | | | |
| (Name of corporation - must include suffix) | | | | | | |
| Dear Sir or Ma | adam: | | | | | |
| "Certificate of | | r Authorization to Transact Business in Florida", register the above referenced foreign corporation | | | | |
| Please return a | all correspondence concerning this matt | er to the following: | | | | |
| Kevin C. (| Guanaga | | | | | |
| | (Name | of Person) | | | | |
| Kevin Gua | anaga, P.A. | | | | | |
| ## · | (Firm/C | ompany) | | | | |
| 4201 S.W | /. 11th Street | | | | | |
| | (Ad | dress) | | | | |
| Miami, Flo | orida 33134 | | | | | |
| | (City/State | e and Zip code) | | | | |
| For further inf | formation concerning this matter, please | e call: | | | | |
| Kevin Gua | naga at (305 | 567-0095 | | | | |
| (Nam | | a Code & Daytime Telephone Number) | | | | |
| STREET AD | ingess: | MAILING ADDRESS: | | | | |
| Registration S | | Registration Section | | | | |
| | Division of Corporations Division of Corporations | | | | | |
| | 09 E. Gaines St. P.O. Box 6327 'allahassee, FL 32399 Tallahassee, FL 32314 | | | | | |
| i alialiassee, i | ·L 32399 | Tananassee, FL 52514 | | | | |
| Enclosed is a | check for the following amount: | | | | | |
| Ø \$70.00 Fili | ing Fee | □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy | | | | |



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 31, 2002

KEVIN C. GUANAGA KEVIN GUANAGA, P.A. 4201 S.W. 11TH STREET MIAMI, FL 33134

SUBJECT: CENTER FOR MNEMATIC INVESTIGATIONS CORP.

Ref. Number: W02000031306

We have received your document for CENTER FOR MNEMATIC INVESTIGATIONS CORP. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6967.

Letter Number: 502A00059796

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahasson, Florida 32214

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. Center for | Mnematic Investigations Corp. | | | | |
|--|---|-----------------------|---|-------------|-----------|
| words or abbrev | iations of like import in language as will cle r partnership if not so contained in the name | arly at p | oresent.) | | |
| 2. Delaware | | 3. | 47-0873-667 | | |
| | under the law of which it is incorporated) | | (FEI number, if applicable) | | |
| 4. May 16, | 2002 | 5. | Perpetual (Duration: Year corp. will cease to exist or | | |
| (Dat | e of incorporation) | | (Duration: Year corp. will cease to exist or | "perpetua | ıl'") |
| 6. Upon Qua | alification | | | | |
| (Date first transa | | | transacted business in Florida, insert "upon q 607.1502 and 817.155, F.S.) | ualificatio | on.") |
| ₇ 13550 No | orth Kendall Drive, Suite 206 Mia | mi, | Florida 33186 | | |
| , - | (Principal office | addı | ress) | | |
| 13550 No | orth Kendall Drive, Suite 206 Mia | mi, | Florida 33186 | | |
| | (Current mailing | addi | ress) | | |
| | (s) of corporation authorized in home state of | | untry to be carried out in state of Florida) (P.O. Box or Mail Drop Box NOT acce | ptable) | |
| Name: | Julia Duran | | | | 2 DE |
| Office Address: | 7865 S.W. 161 Avenue | | | | DEC 18 A |
| | Miami | | , Florida33193 | 1.1. | = |
| | (City) | | (Zip code) | | |
| Having been nad designated in the further agree to | is application, I hereby accept the appo | inti tes i ns o | | et in this | capacity. |
| | (Registered agent | t's s | gnature) | | |

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. Nam | nes and business addresses of officers and/or directors: |
|-----------|---|
| A. DIRI | ECTORS |
| Chairman | : |
| Address: | |
| Vice Chai | irman: |
| Address: | |
| Director: | Mrs. Julia Duran |
| Address: | 7865 S.W. 161 Avenue |
| | Miami, Florida 33193 |
| Director: | Mr. Gabriel Valencia Crespo |
| Address: | 7865 S.W. 161 Avenue |
| | Miami, Florida 33193 |
| B. OFF | fulla Duran |
| | 7965 C.W. 161 Avenue |
| Address: | Miami, Florida 33193 |
| Vice Pres | sident: |
| Address: | |
| Secretary | |
| Address: | |
| Treasurer | 87 <u> </u> |
| Address: | |
| NOTE: | If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| d | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) ulia Duran |
| 14 | (Typed or printed name and capacity of person signing application) |

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTER OF MNEMATIC INVESTIGATIONS CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF DECEMBER, A.D. 2002.



Warriet Smith Windson Secretary of State

AUTHENTICATION: 2138020

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