## F02000006379

(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:
12/26/21
Office Use Only



500009627905

13/23/02--01117--014 \*\*70.00



## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: DEFINEDIAVESTMENTS TAC (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 rejurn all correspondence concerning this matter to the following:
(Name of Person)
Detined Laurestments, Tac (Firm/Company)
$\sim$
193835W 685T X (Address)
Pembook Piner, FC 33332
(City/State and Zip code)
For further information concerning this matter, please call:
Jose Ctetter at (954) 328-5090
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section  MAILING ADDRESS: Registration Section
Division of Corporations  Division of Corporations  409 E. Gaines St.  P.O. Box 6327
Tallahassee, FL 32399  Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$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. DEFINED FOURTS IAC	
(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. Nevada 3. 48-1286488	٠,
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. NOVIMBER 20 2002 5. tende WAL	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. JPDM 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. 101 CONVUTION OF Dr. Ste 700 Las Vagas Nevada , 89109	
(Principal office address)	
P.O. Box 27740 Cas Vegas, NV 89126	
(Current mailing address)	
,	
8. Service Contractor	
(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: JOSE CTEPER	
06500 Address 103 43 51.1 LA 51	
Office Address: 193835W 6851  Pimbroke Pinus, Florida 33332	
Pimbroke Dines , Florida 33332 F. R. R. (City)	
(City) (Zip code)	
10. Registered agent's acceptance:	
···· inclinated active activitation	

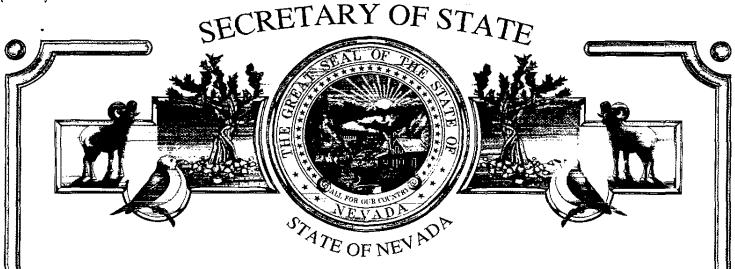
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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. DIREC	
Chairman: _	WESTON J. COOUDGE
Address:	4330 SO VALLEY VIEW STE 230
	LAS VEGAS, NV. 89102
Vice Chairma	in:
Address:	
	22 E
Director:	WESTON J. COOLIDGE 55 5 1
	SA W
Director:	
Address:	<u> </u>
B. OFFICE	E <b>RS</b>
	WESTON J. COOLIDGE
Address:	4330 SO VALLEY VIEW STE 230
	LAS VEGAS NV 8910Z
	nt:
Addiess.	
Secretary:	WESTON J. COOLIDGE
Address:	
Treasurer:	WESTON J COOLIDGE
	V 1 = 3 7 0 / 0 V CO 0 = 0 C C C C C C C C C C C C C C C C C
Address:	
NOTE: If n	ecessary, you may attach an addendum to the application listing additional officers and/or directors.
13	With the
	(Signature of Chairman, Vice Chairman, arany officer listed in number 12 of the application)
14	(Typed or printed name and capacity of person signing application)
	/-27 E



## 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, and limited-liability partnerships 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, **DEFINED INVESTMENTS**, **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 **November 20**, **2002**, 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 Las Vegas, Nevada, on **November 20, 2002**.

DEAN HELLER Secretary of State

′ \

Certification Clerk

Ву