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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: ALTAMIRADAN CORPORATION
(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 return all correspondence concerning this matter to the following:
Susan Altanirano (Name of Person)
(Name of Person)
Altanicadan Corp. DBA Scapes Unlimited (Firm/Company)
1348 Braselton May (Address)
Lawrence ville, GA 30043 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Susan Altanicano at (770) 962 - 3600 (Name of Person) (Area 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:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy 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. Altamiradan Corporation

(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.) (State or country under the law of which it is incorporated) 5. Derpetual (Duration: Year corp. will cease to exist or "perpetual") 4. <u>06/19/2002</u> (Date of incorporation) (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.) (Current mailing address) 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) Office Address: 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.

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 and/or directors:

Secretary of State

Corporations Division
 315 West Tower
 #2 Martin Luther King, Jr. Dr.
 Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0232039
DATE INC/AUTH/FILED: 06/19/2002
JURISDICTION : GEORGIA
PRINT DATE : 03/21/2003

FORM NUMBER : 211

ALTAMIRADAN CORPORATION ADAN ALTAMIRANO 1348 BRASELTON HWY. LAWRENCEVILLE, GA 30043

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

ALTAMIRADAN CORPORATION ACCEORGIA PROPIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated

Said entity was formed in the jurisdiction attack above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of Cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Repords and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State