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(Requ	iestor's Name)	
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(City/s	State/Zip/Phone	e #)
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Certified Copies	Certificates	of Status
Special Instructions to Fill	ing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

TO:	Registration S Division of Co		= :	-
SUBJE	ECT:	Januobilie	u_ Corp.	• •
			poration - must include suffix)
Dear Si	r or Madam:			
"Certifi		ce", and check are submitt	on for Authorization to Transa ed to register the above refere	
Please r	eturn all corres	pondence concerning this	matter to the following:	
	Hanne	1 Scale	-	
		(Na	ame of Person)	
	Jonnobil	Tien Corp. (Fin		
-		(Fir	m/Company)	
	862 SW	REDCIONER LA	NE	. <u>.</u>
			(Address)	
	ERW00,) OR 5714	0	
		(City/S	State and Zip code)	
For furti	ner information	concerning this matter, pl	ease call:	
Har	uner Su	ecr at (2	369-536	2.
	(Name of Perso	on) (A	Area Code & Daytime Teleph	one Number)
Registrat Division 409 E. G	T ADDRESS: tion Section of Corporation taines St. see, FL 32399	as	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ons
Enclosed	l is a check for	the following amount:		
\$70.0	0 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	578.75 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.	Januarlice COID.		
	(Name of corporation; must include the word "INCORPOR words or abbreviations of like import in language as will cle natural person or partnership if not so contained in the name	early	indicate that it is a corporation instead of a
2.	(State or country under the law of which it is incorporated)	3.	AHA
	(State or country under the law of which it is incorporated)	_	(FEI number, if applicable)
4.	03- 7- 2000 (Date of incorporation)	5	Perpetual
	(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
6.	03-26-03	=	'
	(Date first transacted business in Florida. If corporation has		ransacted business in Florida, insert "upon qualification.") 607.1502 and 817.155, F.S.)
7.	26 (7 14 14 54. C). (Principal office)	سے ک	4 ig 4 Acres 72, 33971
•	(Principal office	addre	ss)
		=	
	(Current mailing	addre	ess)
8.	Cousulling		
	(Purpose(s) of corporation authorized in home state of	r cou	ntry to be carried out in state of Florida)
9.	Name and street address of Florida registered ager	nt: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Hammer, Sueu	-	
Οf	fice Address: 2617 14th SF.W	.•	
	Chigh Acres		, Florida 33977
	(City)		(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. 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:

DIRECTO			
airman:	Hammer Sueca 2017 1914 St. W		· · · · · · · · · · · · · · · · · · ·
iress:	2017 14th St. W	Celligh ACKS	FZ 55971
ce Chairman: .		E%.	
idress:			
irector:			
esident:	Hammer, Sver 617 14 th S1.4, 1ch	il Acres, Fl.	<i>7397/</i>
			·
ce President:			

eretary:	ce asove		· -
			4 <u>44 1997 - 1</u>
OTE: If neces	sary, you may attach an addendum to th	ne application listing addition	al officers and/or directors.
5			
((Signature of Chairman, Vice Chairman	, or any officer listed in numb	per 12 of the application)
·	(Typed or printed name and cap		A

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

IMMOBILIEN CORP.

was

incorporated under the Oregon

Business Corporation Act

on

March 17, 2000

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

By

Debra L. Virag

March 10, 2003