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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: | |
| 4/1 FOR CORP | |
| 4/1 FOR CORP CC+LUS | |
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Office Use Only



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SECRETARY OF STATE

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: ESTTRADE C | ONSULTING INC. |
| | orporation - must include suffix) |
| Dear Sir or Madam: | |
| | ation for Authorization to Transact Business in Florida", nitted to register the above referenced foreign corporation |
| Please return all correspondence concerning the | nis matter to the following: |
| ALAR AASMA | , a green |
| And the second s | Name of Person) |
| ESTTRADE CO | NSULTING INC |
| ESTTRADE CO. | Firm/Company) |
| 1406 PALMETT | 0 AV. |
| 1406 PALMETT | (Address) |
| FORT MYERS, | FLORIDA 33916 |
| (Ci | ty/State and Zip code) |
| For further information concerning this matter ALAR AASMA at ((Name of Person) | , please call: 239 \ 209 288 (Area Code & Daytime Telephone Number) |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: \$\textstyle{1}\$\$ \$70.00 \text{ Filing Fee}\$\$ | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 & \$78.75 Filing Fee & \$87.50 Filing Fee, |
| Certificate of Sta | |

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. ESTTRADE CONSULTING INC. (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. NEW YORK 3. //-35663/8
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 09.01, 2000 5. PERPETUAL

(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") UPON 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. 149-15 BEECH AV. FLUSHING, NY 11355
(Principal office address) 1406 PALMETTO AV. FORT MYERS, FL 33916
(Current mailing address) 8. REAL ESTATE INVESTMENT CONSULTING
(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: JIM WOYCHIK Office Address: 23 196 MARSH LANDING BLVD. ESTERO , Florida 33928 (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:

| A. DIRECTORS |
|-----------------------------------------------------------------------------------------------------------------|
| Chairman: ALAR AASMA |
| Address: 1406 PALMETTO AV. |
| FORT MYERS, FLORIDA 33916 |
| Vice Chairman: |
| Address: |
| |
| Director: |
| Director: |
| Address: |
| D***** |
| Director: |
| Address: |
| |
| B. OFFICERS |
| President: ALAR AASMA |
| Address: 1406 PALMETTO AV. |
| FORT MYERS, FL 33916 |
| Vice President: ANTTI KARRO |
| Address: 1406 PALMETTO AV. |
| FORT MYERS FL 33916 |
| Secretary: RIINA AASMA |
| Secretary: RIINA AASMA Address: 1406 PALMETTO AN. FT. MYERS, FL 339/6 |
| |
| Address: |
| |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13 |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |
| 14. ALAR AASMA PRESIDENT (Typed or printed name and capacity of person signing application) |
| |

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of ESTTRADE CONSULTING INC. was filed on 09/01/2000, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of February two thousand and three.

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