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(Re	questor's Name)	
(Adı	dress)	
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(Cit	y/State/Zip/Phone	∍ #)
PICK-UP	WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to F	Filing Officer:	

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Coff and

TRANSMITTAL LETTER

Division of Co				
SUBJECT:	You Can Do (Name of corpo	, Inc.		
	\ (Name of corpo	ration - must include suffix)	
Dear Sir or Madam:				
The enclosed "Applica" Certificate of Existento transact business in	ation by Foreign Corporation ice", and check are submitted Florida.	for Authorization to Transal to register the above refere	act Business in Florid enced foreign corpora	ia", tion
Please return all corres	spondence concerning this m	latter to the following:		
	Peter T WITTEM	ANN		
ì	(Nam	ne of Person)		
		n/Company)		
	2050 NE 39 th Lighthouse Po (City/St	St.		
		Address)		
<u> </u>	lighthouse to	int FZ 3300	64	
	(City/St	ate and Zip code)		.~~~
			AS.	- 1-
For further information	n concerning this matter, plea	ase call:		- 2
PLINI	0	ed 76,2051	Who have the second sec	
(Name of Pers	$\frac{10000}{100}$ at $\frac{9}{4}$	van Code fr Dourisma Talamb	<u> </u>	
(Transition of the same	(A)	rea Code & Daytime Teleph	DATE	1.07 1.07
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399	ns	MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3231	ons	
Enclosed is a check for	the following amount:			
3 \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fe Certificate of S Certified Copy	status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	PLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO ER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1.	You Can Do, Inc.
(Nam words	of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or sor abbreviations of like import in language as will clearly indicate that it is a corporation instead of a person or partnership if not so contained in the name at present.)
2	Delaware 3. 03014838Z
(State	or country under the law of which it is incorporated) (FEI number, if applicable)
4	3/06/2003 5. Perpetual
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6	Irst transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(= 0.0	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7	2050 NE 39th St 305E lighthouse H. Tr 33064
	2050NE 39 MSt 30SE Lighthouse Pt. Tz 33064
	(Current mailing address)
8	Purpose(s) of corporation authorized in home class or country to be corried by (desired of Florida)
	(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)
1	Name: Dr. Kaul Steiner
	address: 2050 NE 3919 St 301E
onice A	
	Lighthouse Pt Florida 33064 Cip code)
	(City) (Zip code)
	istered agent's acceptance:
lesignat	been named as registered agent and to accept service of process for the above stated corporation at the place ed in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
urther a	gree to comply with the provisions of all statutes relative to the proper and complete performance of my nd I am familiar with and accept the obligations of my position as registered agent.
100000000000000000000000000000000000000	in I am Jamuan wan upon accept the obligations of my position as registered agent.
	(Registered agent's signature)
	/ / radiana a manua a ardimenta.

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	es and business addresses of officers and/or directors:
A. DIRI	CTORS
Chairman	February Literary
Address:	2050 NE 39 PRST 305E
,	lighthouse Pt, tz 33064
Vice Chai	rnan:
Address:	
•	
Director:	
Address:	·
Director:	
Address:	
B. OFF	CEDS /
	Kity T 11). Hanson
President:	2050 NE 39th St 305E
Address:	Light house Pt. 72 33064
Vice Presi	dent:
Address:	
Secretary:	[if prom
Address:	
Treasurer	
Address:	
NOTE	If necessary, you/may attach an addendum to the application listing additional officers and/or directors.
ļ	
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
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 "YOU CAN DO, INC." 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 TWENTY-SIXTH DAY OF MARCH, A.D. 2003.



Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2332905

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