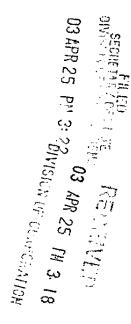
## F03000002085

| FRED WESTON (Requestor's Name)          |
|-----------------------------------------|
| (Requestor's Name)                      |
| 6622 NW 25TH WAY                        |
| BLE GLAGON                              |
| BOCA RATON FL. 33496                    |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Business Entity Patrie)                |
| (Document Number)                       |
| (Bocument Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Special instructions to 1 ming Officer. |
| April                                   |
| Office Use Only                         |



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## 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 FÖREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 4. A PRIL 3 2003 (Date of incorporation) (Date of incorporation) (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.)  7. 14494 305 74 TERRACE, HOWESTEAD, FL 33030 (Principal office address)  SAME (Current mailing address)  THE PURPASE OF THIS CORPORATION SHALL BE TO ENGAGE IN CORPORATE L  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Political Address:  14494 305 74 TERR  (City)  (City) |                    | IINTERNAT                       |                                               |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
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| natural person or partnership if not so contained in the name at present.)  2. NEVADA (State or country under the law of which it is incorporated)  4. APRIL 3 2003 (Date of incorporation)  5. PERPET JAL (Duration: Year corp. will cease to exist or "perpetual")  6. UPON QJALIFICATTON (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. 14494 305 THERRACE. HOMESTEAD, FL 33030 (Principal office address)  SAME (Current mailing address)  THE PURPOSE OF THIS CORPORATION SHALL BE TO ENGAGE IN (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  P. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: OSVALDO DESCHAPELL  Office Address: 14494 305 TH TERR  (City)  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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                 |                                               |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
| 2. NEVADA (State or country under the law of which it is incorporated)  4. APRIL 3 ZOO3 (Date of incorporation) (Date of incorporation)  6. 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. IHH94 305 TH TERRACE, HOME STEAD, FL 33.030 (Principal office address)  SAME (Current mailing address)  THE PURPOSE OF THIS CORPORATION SHALL BE TO ENGAGE IN CAUPOSE(S) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name: OSVALDO DESCHAPELL  Office Address: 14494 305 TH TERR.  (City)  (City)  Florida  33.030 (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                 |                                               |                                                   | rporation instead of a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |
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| (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. 14494 305 TH TERRACE, HOMESTEAD, FL 33030  (Principal office address)  SAME  (Current mailing address)  THE PURPASE OF THIS CORTORATION SHALL BE TO ENGAGE IN (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) CORPORATE L  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: OSYALDO DESCHAPELL  Office Address: 14494 305 TH TERR.  (City), Florida (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                 |                                               |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
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| Office Address: 14494 305 TH TERR.  HOMESTEAD.  (City)  (City)  (City)  (City)  (Zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9. Name and st     | eet address of Flor             | ida registered agent                          | (P.O. Box or Mail D                               | rop Box NOT accep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | table)          |
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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                 |                                               |                                                   | <u>33030</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |
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| further agree to comply with the provisions of all statutes relative to the proper and complete performance of my                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                 |                                               |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
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| unites, and I am familiar with and accept the obligations of my position as registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                 |                                               |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | mance of my     |
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| Grand tegels las                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | a (                             | \/ 10                                         | <b>(</b> )                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
| (Registered agent's signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    | Jane Co                         | Legalo la q                                   | 9                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |

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:   | OSVALDO DESCHAPELL CHAIRMAN                                                                      |                |              |
| Address:    | 14494 305 TH FERR,                                                                               |                |              |
| _           | 14494 305 TH FERR,<br>HOMESTEAD, FL. 33030                                                       |                |              |
|             | nan:                                                                                             |                |              |
| Address: _  |                                                                                                  |                |              |
| Director:   |                                                                                                  |                |              |
|             | •                                                                                                |                |              |
| Address:    |                                                                                                  | 03             | 01.          |
| Director:   |                                                                                                  | ħ₽?            | SINC         |
|             |                                                                                                  | 25             | 1 2 3        |
| Address: _  |                                                                                                  | 72             |              |
| B. OFFIC    | • • • • • • • • • • • • • • • • • • •                                                            | <u>အ</u><br>22 |              |
| President:  |                                                                                                  |                | <del></del>  |
| Address: _  |                                                                                                  |                |              |
| _           |                                                                                                  |                |              |
| Vice Presid | lent:                                                                                            | <del></del>    |              |
| Address: _  |                                                                                                  |                |              |
| _           |                                                                                                  |                |              |
| Secretary:  |                                                                                                  |                |              |
| Address: _  |                                                                                                  |                |              |
| Treasurer:  | -                                                                                                |                |              |
| Address:    |                                                                                                  |                |              |
|             |                                                                                                  |                |              |
| NOTE: I     | f necessary, you may attach an addendum to the application listing additional officers and/or d  | irectors.      |              |
| 13          | Much techolet                                                                                    |                |              |
|             | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applic          | ation)         |              |
| 14          | OSVALDO DESCHAPELL, THA IRMAN (Typed or printed name and capacity of person signing application) |                | <del>.</del> |
|             | (1) pod or prince mane and capacity of person signing approacion)                                |                |              |



## 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, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts 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, **RJW INTERNATIONAL**, **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 April 2, 2003, 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 Carson City, Nevada, on April 21, 2003.

DEAN HELLER Secretary of State

Jenn Heller

Certification Clerk

