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## TRANSMITTAL LETTER

10: Registration Section Division of Corporations		
SUBJECT: ARBOR IN	· · · · · · · · · · · · · · · · · · ·	
	on - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	Authorization to Transact Business in Florida", register the above referenced foreign corporation	
Please return all correspondence concerning this matter	r to the following:	
ROBERT H. HILLER	- ·	
(Name o	f Person)	
(Firm/C		
1645 SOUTH MIAMI (Add MIAMI, FLORIDA	AUENUE - TO	
(Add	ress)	
MIAMI, FLORIDA	ress)	
(City/State	and Zip code)	
For further information concerning this matter, please	call:	
CAROL LAWS at 604	1224-2503	
(Name of Person) at (604) 224-2503 (Area Code & Daytime Telephone Number)		
Courier address	Mailing address:	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
409 E. Gaines St.	P.O. Box 6327	
Tallahassee, FL 32399	Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
Status	\$78.75 Filing Fee & Ser.50 Filing Fee. 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.

1. TREOR 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. State or country under the law of which it is incorporated)  3. × opplied for (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. FEBRUARY 25, 1999  (Date of incorporation)  5. Por poly will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
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. 1645 SOUTH MIAMI AVENUE MIAMI FLORIDAD 331	27
(Principal office address)	
7. 1645 SOUTH MIAMI AVENUE, MIAMI FLORIDAS 331  (Principal office address)  1645 SOUTH MIAMI AVENUE, MIAMI FLORIDA 331	2 <i>9</i>
(Current mailing address)	
THE E D	
8. X CORPORATE MANAGENENT	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
D	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: KOBERT H. MILLER	
Office Address: 1645 South MIAMI AVENUE	
M IA M I , Florida 33 12 9 (Zip code)	
(City) (Zip code)	-
40 P. Lee J. L. Branch and Committee	

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: \_ Address: Vice Chairman: Address: Director: MICHAEL COSTAS TAKKAS **B. OFFICERS** President: COSTAS MICHAEL TAKKAS Address: 305-2642 COLLINS AVENUE MIAMI, FL 33140 Vice President: \_\_ \_ Address: Secretary: STEPHEN SDOONAMORE Address: 4010 WOODLAND PARK AVE N. SEATTLE WA 98103 Treasurer: ROBERT HILLS MILLER Address: 1645 South MIAMI AVENUE, HIAMI FL NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) TREASURER ROBERT HILLIS MILLER

(Typed or printed name and capacity of person signing application)



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State of hereby certify that I am, by the laws of said State, the custodian of the records relating to flings by corporations, 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, **ARBOR**, **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 February 25, 1999, and is in good standing in this state.

Ву

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on February 28, 2003.

DEAN HELLER Secretary of State

Certification Clerk

