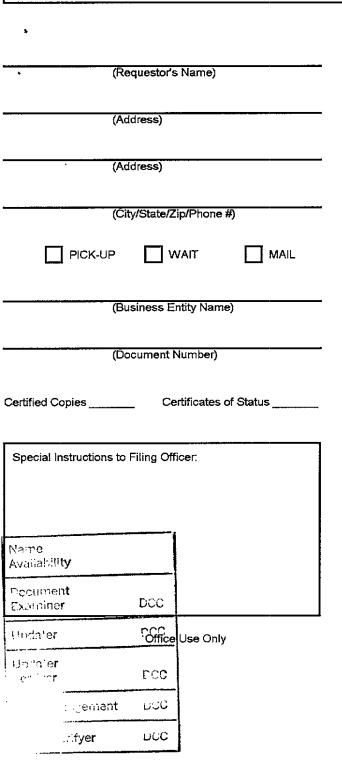
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COCCENTRATE FOR COMMA

TRANSMITTAL LETTER

Division of Corpora						
SUBJECT: Agmus	Ventures, Inc.					
		n - must include suffix)				•
Dear Sir or Madam:						
The enclosed "Application "Certificate of Existence", a to transact business in Flori	by Foreign Corporation for a and check are submitted to redda.	Authorization to Transac egister the above reference	t Business ced foreign	in Florie corpora	la", ition	
Please return all correspond	lence concerning this matter	to the following:				
	Aaron S. Kanter					
	(Name of	Person)			-	-
	Dow, Lohnes & Alber	rtson, PLLC				
	(Firm/Cor			포요	03	-
	1200 New Hampshire	Avenue, N.W., Sui	te 800		<u> </u>	*******
	(Addre	ess)		Ü.		
	Washington, D.C. 2	20036		223 m3	23	
	(City/State a	nd Zip code)		77.0%	3.5	B
				84	€ ⇔	
For further information con	cerning this matter, please c	all:		≫ 111	فدع	
Aaron S. Kanter	at (_202) 776-2447				
(Name of Person)	(Area C	Code & Daytime Telepho	ne Number	r)		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	18			
Enclosed is a check for the	following amount:					
□ \$70.00 Filing Fee 😾	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy		Filing I ficate of fied Cop	Status	; &

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. Agmus Ve	ntures, Inc.				
words or abbrev	ration; must include the word "INCORPORA iations of like import in language as will cle r partnership if not so contained in the name	arly indicate the			
2. Delaware		3.			
	under the law of which it is incorporated)	. J	(FEI number, if applicable	e)	
4. April 11,	2003	5. Per	petual		
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetu		or "perpetual")			
6. Upon qua	dification.				
·	cted business in Florida. If corporation has (SEE SECTIONS 607.1:	501, 607.1502		on qualification.")	
7. 5601 South	Semoran Boulevard, Orlando, Flori				
	(Principal office a	address)		360 TAL	
Business Concerned by Corporation	(Current mailing any lawful act or activity for whe reportation Act of the State of Florida the laws of the State of Florida Act of the State of Florida. (s) of corporation authorized in home state of	ich córpora da, and to upon corpor	have and exercise all th ations qualified under t	e powers No.	FILED
9. Name and str	reet address of Florida registered ager Corporation Service Company	nt: (P.O. Bo	x or Mail Drop Box <u>NOT</u> ac	xemble) 33	
Office Address:	1201 Hays Street				
	Tallahassee	FI	orida		
	(City)	, ,	(Zip code)		
Having been nat designated in thi further agree to	agent's acceptance: med as registered agent and to accept sis application, I hereby accept the appo comply with the provisions of all statut familiar with and accept the obligation (Registered agent	intment as retes relative to	egistered agent and agree to the proper and complete po	act in this capa	city. I
11 Attached is	certificate of existence duly authentica	ted not more	than 90 days prior to delive	any of this applica	ation t

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 busi	ness addresses of officers and/or directors:	
A. DIRECTORS	SEE ATTACHED	
Chairman:		
Address:		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS	SEE ATTACHED	200 A T L
President:		<u> </u>
<u> </u>		-
Vice President:		
Secretary:		
Treasurer:		
Address:		
	^	
NOTE: If necessary	you may attach an addendum to the application l	isting additional officers and/or directors.
13.	ature of Chairman, Vice Chairman, or any officer	listed in number 12 of the application)
	ature of Chairman, Vice Chairman, or any officer UIS J. ZAYAS, DZESIDENT	nsted in number 12 of the application)
14	(Typed or printed name and capacity of persor	signing application)

DIRECTORS

NAME_	ADDRESS
Judith Murray	6890 West 52nd Avenue, Suite 201, Arvada, Colorado 80002
Kenneth Kirwin	6890 West 52nd Avenue, Suite 201, Arvada, Colorado 80002
Tom Kennedy	6890 West 52nd Avenue, Suite 201, Arvada, Colorado 80002
Father David Clarke	6890 West 52nd Avenue, Suite 201, Arvada, Colorado 80002
Luis Zayas-Seijo	Post Office Box 2010, Carolina, Puerto Rico 00984-2010
Alfonso Davila	Post Office Box 2010, Carolina, Puerto Rico 00984-2010
Jesus A. Diaz	Post Office Box 2010, Carolina, Puerto Rico 00984-2010
Alberto Maldonado-Ruiz	Post Office Box 2010, Carolina, Puerto Rico 00984-2010

OFFICERS

NAME	ADDRESS	TITLE
Luis J. Zayas	Post Office Box 2010, Carolina, Puerto Rico 00984-2010	President
Judith Murray	6890 West 52nd Avenue, Suite 201, Arvada, Colorado 80002	Vice President
Kenneth Kirwin	6890 West 52nd Avenue, Suite 201, Arvada, Colorado 80002	Treasurer
Alberto Maldonado	Post Office Box 2010, Carolina, Puerto Rico 00984-2010	Secretary

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03 MAY 23 MM 8: 33

SECRETARY OF STATE
AND ADDRESS FOR DRINA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGMUS VENTURES, 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-FIRST DAY OF MAY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGMUS VENTURES, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

03 MAY 23 AN 8:33



Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2429465

DATE: 05-21-03

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