## F03000004540

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
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Special Instructions to Filing Officer:								
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Office Use Only



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## TRANSMITTAL LETTER

	Registration Se Division of Co				
SUBJE	CT:	SNAP	2 COPI	POLA TION ration - must include suffix)	
			(Name of corpo	ration - must include suffix)	
Dear Sir	or Madam:				
"Certifica		e", and che		for Authorization to Transat to register the above referen	
Please re	turn all corresp	ondence co	oncerning this m	atter to the following:	
	160	CAL TO	1.50		
		. <u></u>	(Nam	e of Person)	
		. 2	/Firm	/Company)	
			(11111	Company	. "/
	700	o we	55 Com	/Company)  n con / Kly / Address)  /c FC Z3  ate and Zip code)	Suite 133
	_		, , ,	<i>1</i>	
	Fo	I 1	Auder da	ate and Zin code)	305
			(Oit)/Ot	and taile tap code;	
For further	er information	concerning	this matter, plea	ase call:	
Key.	Name of Person	Jun on)	at (_ <b>95</b> (Ar	7 938-1688 rea Code & Daytime Telepho	Done Number)
Registrati Division 409 E. Ga	CADDRESS: ion Section of Corporation aines St. ee, FL 32399	s		MAILING ADDRESS Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns
Enclosed	is a check for	the followi	ng amount:		
ខា \$70.00	) Filing Fee		Filing Fee & Scate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & 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.

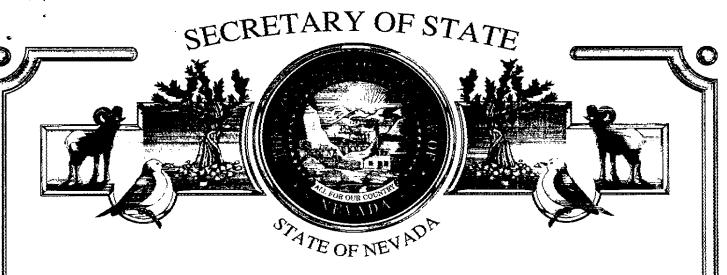
1. SNAP	2 COA	PORATION	,	<del></del>		,. , , , , , , , , , , , , , , , , , ,
(Name of corpo words or abbre	oration; must inc viations of like i	lude the word "INC	CORPORATED" as will clearly ind	"COMPANY", "CORPOR		
2. Nev	9 0		3.	88-0407	246	
(State or country	y under the law	of which it is incorp	orated)	88-0407; (FEI number, if	applicable)	
4. OCF	8. 19	928	5	Per per Ug / uration: Year corp. will cea	1: _	
(Da	te of incorporati	on)	(D	uration: Year corp. will cea	ise to exist or "perpen	ıal")
6. <u>Upon</u>	1_ augli	fication		sacted business in Florida,	. z . <del></del> .	f
(Date first trans	acted business ir	Florida. If corpor	ation has not tran	sacted business in Florida,	insert "upon qualificat	ion.")
				7.1502 and 817.155, F.S.)		
7. 2000	WEST	Commerce	ent B	Ivd. Suite 133,	Fet Stude	cdak, FC
		(Princip	ai office address)	,		•
		(C)	mailing address)			-
		(Current	maning address)			
8 T	11000	,	4.51	antwiter		
(Purpose	(s) of corporatio	n authorized in hon	ne state or countr	y to be carried out in state o	f Florida)	<del></del>
3. Name and <u>Su</u>	test andless o	rioriua regisiei	rea agent: (P.C	D. Box or Mail Drop Box	NOT acceptable)	
		Johnson			ALC ALC	; 33 ; 33
Office Address:	Zanevo SA	1957 Comm	eccial A	und, suit 133		सं ना
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	tost L	ruder dall	<del></del>	, Florida <u>33305</u> (Zip code)	- ·	्र ल
		(City)		(Zip code)	<u>مند</u> از مند	C F
10. Registered						: co
				f process for the above s t as registered agent and		
further agree to	s application, comply with th	r nereby accept to te provisions of a	ne upponumen ill statutes relat	i as registerea agent and ive to the proper and coi	agree waci in inis nolete performance	capacity. 1 e of mv
duties, and I am	familiar with	and accept the ol	bligations of my	position as registered a	gent.	
			1			
		[				
-		W M			<u> </u>	
		r (Begister	ed agent's signat	ure)		

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: William Oferte Chairman: William Ofertz

Address: Zow UXIT Compacati AND, suck 133 Fort Lunderdale, FC 33309 Vice Chairman: Address: \_\_ Director: \_ Address: Director: . Address: B. OFFICERS President: William Okcefe Address: 2000 West Connercial BINA, 54/k 133 Fort Laudendale, EC 33309 Vice President: \_\_\_\_ Address: \_ Secretary: William OKecfe Address: 2000 WEST Commercial Med, Suite 133 Fort Lowbert R 335
Treasurer: William Okec Pe

Address: Low west Commercial Mild, Suite 133, Fort Lawberd R, 35309 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. William Okcek, Chairnan
(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, 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, **SNAP2 CORPORATION**, 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 October 8, 1998, 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 September 3, 2003.

DEAN HELLER Secretary of State

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Certification Clerk