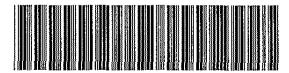
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TRANSMITTAL LETTER

	Registration Section Division of Corporations		
SUBJE	111 7		
	(Name of corporation - must include suffix)		•
Dear Sir	r or Madam:		
"Certific	losed "Application by Foreign Corporation for Authorization to Transact Business in Florida cate of Existence", and check are submitted to register the above referenced foreign corporat business in Florida.	ion to	
Please re	eturn all correspondence concerning this matter to the following: W03-27 (Name of Person)	1423	5
	(Name of Person)		- -
:-	(Firm/Company)		-
	6741 West Surrise Blud surte 8 (Address) Plantation FC 333/3 (City/State and Zip code)		
	(Address)		-,
	Plantation, FL 333/3	2	<u> </u>
	(City/State and Zip code)	5	₹ %
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For furth	her information concerning this matter, please call:	03 NOV 21 AM 10: 5	SPO
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	(Name of Person) (Area Code & Daytime Telephone Number)	 :	75
Registra Division 409 E, C	T ADDRESS: Ation Section Of Corporations Gaines St. Seee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed	d is a check for the following amount:		
570. 0	00 Filing Fee \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c	Status	&



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 25, 2003

ROBERT LEFF 6741 WEST SUNRISE BLVD. SUITE 8 PLANTATION, FL 33313

SUBJECT: L & L INVESTMENT GROUP, INC.

Ref. Number: W03000027423

DIVISION OF CORPORATIONS

03 NOV 21 AM 10: 51

We have received your document for L & L INVESTMENT GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in Florida. Please choose an alternate name and put it on the highlighted line of your application. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and Co. Adding "Florida" or "of Florida" to the end of the name is not acceptable. You may wish to call the number below to check any name you'd like to adopt.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 203A00052704

Law Offices of

ROBERT B. LEFF

6741 West Sunrise Blvd Plantation, Florida 33313

DIRECT (954) 559-5333

FAC\$IMILE (954) 581-4431 E-MAIL leff1117@aol.com

VIA US MAIL

November 22, 2003

Lee Rivers
Florida Division of Corporations
PO Box 6327
Tallahassee, FL: 32314

Re: L & L Investment Group, Inc filing

Dear Mr/s. Rivers,

Enclosed please find the original filing, which was rejected, with the necessary changes, including the new certificate of status.

Please call me at 954-559-5333 if there are any problems or questions.

Very truly yours,

Robert B. Leff

03 NOV 21 AMIG. TO

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	ZOUP, INC.
De Ja Javestnut Goop, Inc.	31 A ∋ #W
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(Duration: Year corp. will cease to exist or "perpetual")	
(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.)	
(Principal office address) (Sque)	JIVIE S
(Principal office address)	SS
Same Current mailing address)	SALE .
(Current mailing address)	86. 7
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	STATI
(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)	
Name: Robert Left	
Office Address: 6741 West Suntise Blue Svite 8	
Planto. 232,3	
Plantatus, Florida 33313 (Zip code)	•
(City) (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 public designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacifurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	city. I
13 Ceff	
(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:			· <u> </u>		<u> </u>	<u> </u>		<u>.</u>		·	<u> </u>
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President:	<u>'</u>								·	N	
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Vice President:		<u></u>			<u> </u>	<u> </u>		<u></u>	<u> </u>	<u> </u>	2
Address:			100-2	<u> </u>		87.	<u> </u>	¥. *			_ ဟ
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Secretary:			 					<u> </u>			 '
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Treasurer:		· —									
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Address:					<u> </u>		<u> </u>		<u> </u>	<u>.</u>	
NOTE: If ne	cessary, you m	ay attach an ad	dendum	to the appli	cation lis	ting ado	litional	officers	and/or di	rectors.	
13.)CS 4	//								
	(Signature o	f Director or O	licer list	ed in numb	er 12 of t	the appl	ication)				 '·
1.4		Robert 1	Caff	_				•	· ·		
14		ped or printed r					applicat	ion)		<u> </u>	

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DE YU INVESTMENT GROUP, 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2003.



Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

3621702 8300

030705823

AUTHENTICATION: 2745667

DATE: 11-13-03