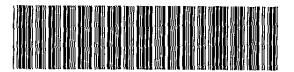
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International Taxation THE BRUNTON-MCCARTHY CPA FIRM CHARTERED

CERTIFIED PUBLIC ACCOUNTANTS

CROSS-BORDER TAXATION

CROSS-BORDER FINANCIAL MANAGEMENT
WWW.TAXINTL.COM

IMMIGRATION SUPPORT

S. L. RICHARD BRUNTON, CPA ELIZABETH H. McCARTHY, CPA FLORIDA FACILITIES IN TAMPA, SARASOTA, NAPLES AND BOCA RATON

November 19, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Sir or Madame:

SUBJECT: YELLOW STONE MANAGEMENT INTERNATIONAL CORP.

AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Kindly find enclosed the following:

- 1) Application by Foreign Corporation for Authorization to Transact Business in Florida,
- 2) Certificate of Status, and
- 3) Check for \$70 to cover the filing fees.

We would be grateful if you would acknowledge receipt of this application

Yours truly,

Tonya Fleming

TF/

Encl.

33 NOV 24 PM 5: 1

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:

á	(Name of corporation: muabbreviations of like impo partnership if not so conta	rt in language as v	vill clearly indica						
2. ົ					3. None				
_	(State or country und		,			(FEI number,	if applicab	le)	
4.	December 1, 199	7	5. Perp	etual					
6.	(Date of Incorp March 1, 2003	oration)	(Durati	on: Year co	rp. will cea	ase to exist or	"perpetual")	1	
(ī 7.	Date first transacted busine Fenerbahge - Igrip	(SEE SECTION	ONS 607.1501,6				rt "upon qu	alificati	ion.")
_	Kadiky Istanbul T	urkey	(Principal of	ice address)					
-			(Current mai	ling address)		-			
8.	Residential real e	state rental							
-	(Purpose(s) of corporati	on authorized in l	nome state or cou	intry to be ca	arried out i	n the state of I	Florida)		
9.	Name and street Add	l <u>ress</u> of Florida	registered age	nt: (P.O. E	Box or Ma	ail Drop Bo	x NOT GC	Ce e ggal	ole)
	Name: Bru	nton Registere	d Agents, Inc.				经受	24	프
	Office Address: 47	10 NW 2 nd Ave	nue, #101				E.C.	70	
	Вос	ca Raton, FL 33	3431				LOSIA VISTA	က်	<u> </u>
10	. Registered Agent's ac	cceptance:					¥n:		

(Registered agent's signature)

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 Jam familiar with and accept the obligations of my

position as registered agent.

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. Name's and business addresses of officer and/or directors: A. **DIRECTORS:** Chairman: / MEHMET KORAL SARITAS Address: / BEYKOZ KONAKLARI NO 3KO PASARAHCE / ISTANBUL TURKEY Vice Charirman: Address: Director: Address: B. **OFFICERS:** President: V MEHMET KORAC SARITAS Vice President: PERAN SARITAS Address: AS ABOVE Secretary: _ Address: Treasurer: 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) MEHMET KORAL SARITAS
(Typed or printed name and capacity of person signing application)

