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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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FILED 03 DEC -2 PN 3: 27

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Houston P.R. Centre, Inc. (Name of corporation - must include suffix)		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:  Linda Garcia  (Name of Person)		
(Firm/Company)  8032 SW 45 Lane  (Address)  (Address)  (City/State and Zip code)		
For further information concerning this matter, please call:  Linda Garcia at (352) 271-3366  (Name of Person) (Area Code & Daytime Telephone Number)		
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines St.  Tallahassee, FL 32399  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy		

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

. The Houston P.R. Centre Toc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
inc., Co., Corp. inc, Co, or Corp. )
and the second s
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>Texas</u> 3
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 1d, 179 1 5. Perpetual
(Duration! Year corp. will cease to exist or "perpetual")
6. (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. 8032 S. W. 45 Lane Gainesuille FLorida 32
(Finicipal office address)
(Current mailing address)
« Consultina Es &
·
(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)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Linda Garcia  Office Address: 8032 5W 45 Lane  Gainesuile, Florida 32608
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Linda Garcia  Office Address: 8032 5W 45 Lane
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Linda Garcia  Office Address: 8032 5W 45 Lane  Gainesuile, Florida 3260 8  (City) (Zip code)  10. Registered agent's acceptance:
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Linda Garcia  Office Address: 8030 5 W 45 Lane  (City) Florida 3260 8  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
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Linda Garcia  Office Address: 8030 5 W 45 Lane  (City)  (City)  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,
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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>
Address:	
Vice Chairman:	
Address:	
	•
Director	
·	······································
Address:	
Director:	
Address:	
B. OFFICERS	
President: Linda Garcia	
Address: 8032 SW 45 Lane	
Gainesuille FL 32608	
Vice President:	
Address:	
Secretary:	
Address	
Treasurer: Ronald Hayes	
AND SULLIF LONG Coince	suille Fi 32608
Address: 803 d SW TS CANE GAINE	10.11C   C 08.00
NOTE: If necessary, you may attach an addendum to the application listing additional of	officers and/or directors.
13 Linda Haicia	_
(Signature of Director or Officer listed in number 12 of the application)	· · · · · · · · · · · · · · · · · · ·
14. Linda Garcia	
(Typed or printed name and capacity of person signing applicati	ion)

Corporations Section . . P<sub>x</sub>O.Box 13697 Austin, Texas 78711-3697



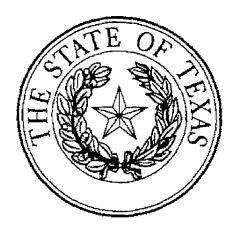
Geoffrey S. Connor Secretary of State

## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for THE HOUSTON P.R. CENTRE, INC. (filing number: 120234000), a Domestic Business Corporation, was filed in this office on August 12, 1991.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 24, 2003.



Geoffrey S. Connor Secretary of State