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### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 21, 2004

LISA MONK 3751 E FOWLER AVE TAMPA, FL 33612

SUBJECT: L.M.B. CORPORATION Ref. Number: W03000033786

We have received your document for L.M.B. CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please on the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of aname is not acceptable.

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) 245-6020.

Letter Number: 504A00003584

Tammi Cline Document Specialist SECULTAGE OF STATE

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## TRANSMIȚTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: L.M.B. Cornoration
(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:
LISA MONK
(Name of Person)
I,M.B. (orporation
(Firm/Company)
3751 & Fowler Ave
(Address)
Tampa FL 33612 = 3
(City/State and Zip code)
S A
For further information concerning this matter, please call:
(Name of Person) at (813) 857-2992 (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 Pivision 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

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.

(Name of corpo	provertor alternate L. Noration; must include the word "INCORPORAT viations of like import in language as will clear		TION
	or partnership if not so contained in the name at	present.)	
2. Washingto	n 3.	91-1790338	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. Feb. 14,	19975.	perpetual (Duration: Year corp. will cease to exist or "perpetual")	
(Da	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. upon qua			
(Date first transa	acted business in Florida. If corporation has no (SEE SECTIONS 607.150)	t transacted business in Florida, insert "imon qual 1, 607.1502 and 817.155, F.S.)	ification.") $\mathbb{R}_{S}$
7. 11720 M	offat Ave., Temple Terrace, FL 3361	17	FF 58
· -	(Principal office add	ress)	1 5.
3751 E. F	Fowler Ave., Tampa, FL 33612		
	(Current mailing add	ress)	
8. Branch Of	fice		STATE 3: 56 3: 56
(Purpose	(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	7)
9. Name and str	reet address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT acceptable	ole)
Name:	Russ Rodgers		
Office Address:	2451 McMullen Booth Road		
	Clearwater	. Florida 33759	
	(City)	Florida 33759 (Zip code)	
Having been nat designated in thi further agree to	is application, I hereby accept the appoint	lodge	this capacity. I

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.

A. DIRECTORS			
Chairman: Veevendra Keiman Svyastava			
Address: 3751 & Foresten Aug			
Tampa FL 336012			
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address:			
THE TRANSPORT			
B. OFFICERS			
President: Danny Hudson			
Address: 501 33rd Aug.			
St. Petersburg FL 33704			
Vice President: Lenda Nagy			
Address: 19235 73 Page NE			
Kennore WA 98028			
Secretary: <u>Jerrold</u> Greiff			
Address: 11770 Moffert Ave. Tampa FL 33617			
Treasurer: angela Beebee			
Address: MAMA 3751 & Fowler Ave. Tampa FL 33612			
NOTE: necessary, you may attach an addendum to the application listing additional officers and/or directors.			
(Signature of Director or Officer listed in number 12 of the application)			
14. VIK Savastava (GO			
(Typed or printed name and capacity of person signing application)			



## Secretary of State

I, Sam Reed, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

### L.M.B. CORPORATION

I FURTHER CERTIFY that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on February 14, 1997.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.

> October 30, 2003 Date:

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital.

Sam Reed, Secretary of State