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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

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SUBJECT:

CARIN, INC.

(Name of corporation - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

B. KRAMMES

(Name of Person)

CARIN, INC.

(Firm/Company)

6129 Beacon Point Drive

(Address)

WEEKI WACHEE, FLORIDA 34607

(City/State and Zip code)

For further information concerning this matter, please call:

B. KRAMMES

(Name of Person)

at (

352) 596-3802

(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 &
Certificate of Status

☐ \$78.75 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.

FILED

CARIN, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CARIN, INC OF NEVADA

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEVADA

(State or country under the law of which it is incorporated)

3. 73-1696981

(FEI number, if applicable)

4. 1126104

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(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. 6129 Beacon Point Drive Weeki Wachee, FLORIDA 34607

(Principal office address)

6129 Beacon Point Drive Weeki Wachee, Florida 34607

(Current mailing address)

8. BUSINESS MANAGEMENT

(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: B. KRAMMES

Office Address: 6129 Beacon Point Drive

WEEKI WACHEE

(City)

Florida 34607

(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 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, and I am familiar with and accept the obligations of my position as registered agent.

B. Krammes

(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: _____

Address: _____

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Vice Chairman: _____

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Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Director: _____

B. KRAMMES

Address: _____

**3157 RAINBOW BLVD. Suite 413
Las Vegas, Nevada 89108**

Director: _____

Address: _____

B. OFFICERS

President: _____

B. KRAMMES

Address: _____

**3157 Rainbow Blvd Suite 413
Las Vegas, Nevada 89108**

Vice President: _____

Address: _____

Secretary: _____

B. KRAMMES

Address: _____

3157 Rainbow Blvd. Suite 413 Las Vegas Nevada 89108

Treasurer: _____

B. KRAMMES

Address: _____

3157 Rainbow Blvd Suite 413 Las Vegas, Nevada 89108

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13 _____

B. Krammes

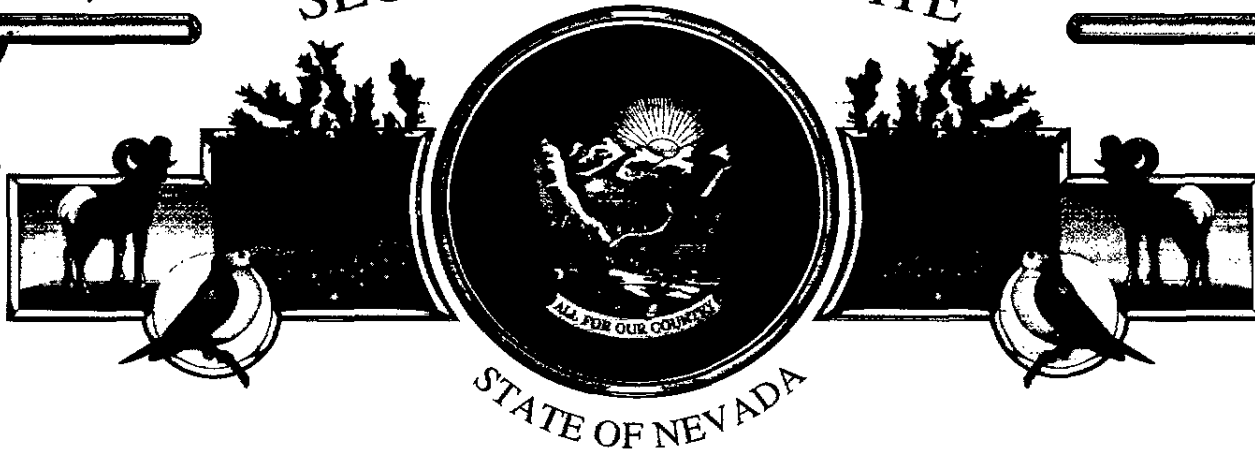
(Signature of Director or Officer listed in number 12 of the application)

14. _____

B. Krammes

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



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, 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, **CARIN, INC.**, 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 **January 26, 2004**, 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 January 26, 2004.



Dean Heller

DEAN HELLER
Secretary of State

By *Damienne C. Smelt*

Certification Clerk