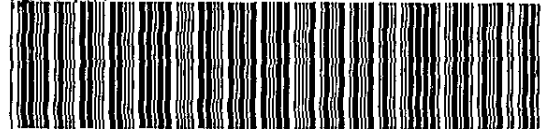


F040000002016

2004 APR 13 A 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



900030463999

03/17/04--01049--003 **87.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

conflict
547437

W04-12131

AL

Office Use Only



FILED

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

2004 APR 13 A 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 29, 2004

VERONIQUE PARRA
1862 SEPALWOOD COURT
ORLANDO, FL 32818

SUBJECT: PARRA ENTERPRISES, INC.
Ref. Number: W04000012131

We have received your document for PARRA ENTERPRISES, INC. and your check(s) totaling \$87.50. 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 the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

A brief description of the entity's nature of business must be included in the document.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 504A00020476

TRANSMITTAL LETTER

FILED

2004 APR 13 A 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: PARRA ENTREPRISE 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:

VERONIQUE PARRA
(Name of Person)

PARRA ENTREPRISE INC.
(Firm/Company)

1862 SEPALWOOD COURT
(Address)

ORLANDO Florida 32818
(City/State and Zip code)

For further information concerning this matter, please call:

VERONIQUE PARRA at (407) 292-1119
(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 & 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

FILED

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

2004 APR 13 A 9:23

1. PARRA ENTREPRISE Incorporated. SECRETARY OF STATE
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "INC., "Co., "Corp," "Inc," "Co," or "Corp.")
TALLAHASSEE, FLORIDA

PARRA Entreprise of Central Florida Incorporated.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEVADA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/27/04 5. Year corp.
(Date of incorporation) (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. 101 Convention Center Dr Ste 700 Las Vegas NV 89109
(Principal office address)

PO Box 27740 Las Vegas NV 89126
(Current mailing address)

8. _____
(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: Veronique Parra

Office Address: 1862 Sepalwood

ORLANDO, Florida 32818
(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 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.

Veronique E Parra
(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

FILED

Chairman: Veronique I Parra

Address: 1862 Sepalwood Ct Orlando FL 32818 APR 13 A 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: Socrates Parra

Address: 1862 Sepalwood Ct Orlando FL 32818

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michael Potter

Address: 101 Convention Center DR Ste 700 Las Vegas NV 89109

Vice President: Michael Potter

Address: 101 Convention Center DR Ste 700 Las Vegas NV 89109

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

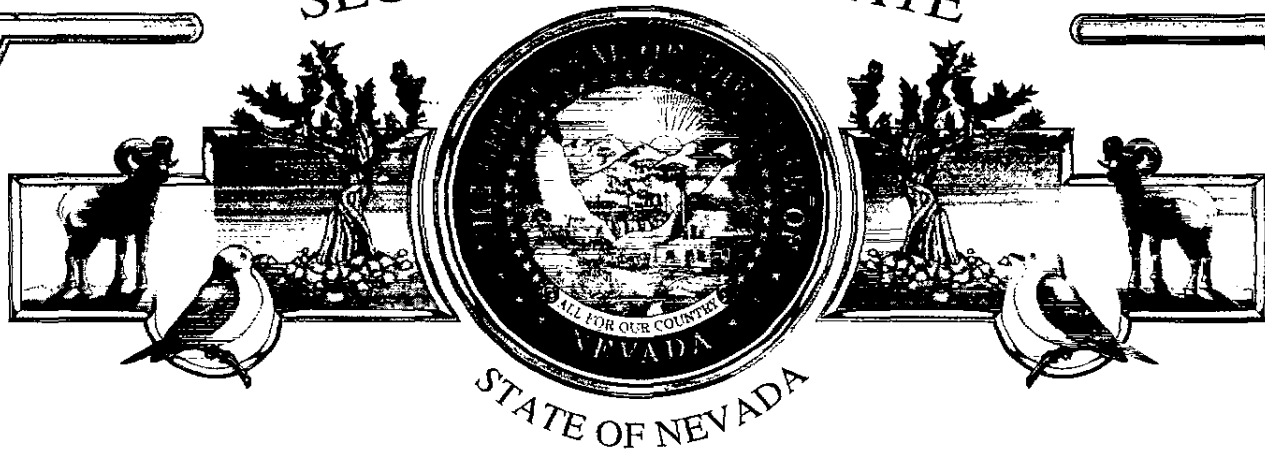
13. Veronique I Parra

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

14. Veronique I Parra chairman

(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, and limited-liability partnerships 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, **PARRA ENTERPRISE, 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 **February 27, 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
Las Vegas, Nevada, on **February 27, 2004**.



Dean Heller

DEAN HELLER
Secretary of State

By

Delia M. Vazquez
Certification Clerk