# F04000002091

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
·	
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE ADMINISTRACTOR OF STATE ADMINISTRACTOR OF SECRETARIAN SECRE

#### TRANSMITTAL LETTER

TO:	Registration Se Division of Cor						
SUBJ	ECT: Maxx M	anagement Corporatio	ri.				
	***************************************			n - must include suffix)			<del></del>
Dear S	Sir or Madam:						
"Certi		tion by Foreign Corporation e", and check are submitted rida.					
Please	return all corresp	pondence concerning this n	atter	to the following:			
Mich	ael L. Danforti						
		(Naı	ne of	Person)			O4 APR 16
		(Fin	n/Co	mpany)			<del>70</del>
1814	Dewey Place						
			Addı	ess)			=
Jack	sonville, Florid	a 32207					- <del>5</del> 5
		(City/S	tate a	and Zip code)			
For fu	urther information	concerning this matter, plo	ease c	all:			
Mich	aci L. Danforth	at (904	ŀ	399-3326			
	(Name of Pers	on) (A	Area (	Code & Daytime Teleph	one N	umber)	
Regis Divisi 409 E	EET ADDRESS: tration Section ion of Corporation . Gaines St. nassee, FL 32399	ns		MAILING ADDRES Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 3231	ons		
Enclo	sed is a check for	the following amount:					
<b>57</b>	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy		887.50 Filing Fe Certificate of S 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.

The state of the s	agement Corporation	<del></del>		
(Enter name of	f corporation; must include "INCORPORAT "Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
	• ,			
Maxx Mar	nagement Corporation of Nevad	la		
(If name unava	ailable in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)	
2. Nevada		3.	88-0391035	
(State or country	ry under the law of which it is incorporated)		(FEI number, if applicable)	
4. 4/10/1998	3	5.	Perpetual	
(Da	ate of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6. Upon Quali	ification			
(Date first trans	sacted business in Florida. If corporation has (SEE SECTIONS 607.1	501	t transacted business in Florida, insert "upon qualification.", , 607.1502 and 817.155, F.S.)	•
7. <b>3225 Mcle</b> o	d Drive, Suite 100, Las Vegas, NV	89	121	
	(Principal office	add	ress)	No.
3225 Mcleo	d Drive, Suite 100, Las Vegas, NV	<b>89</b> 1	121	FEG
	(Current mailing	add	iress)  Parents  Pare	FE
			6	7.5
	l lawful business			. In
(Purpose	e(s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	
9. Name and <u>st</u>	<u>rreet address</u> of Florida registered age	ıt:	(P.O. Box or Mail Drop Box NOT acceptable)	
Name:	Michael L. Danforth		•	<b>1</b> ≥
	***************************************		<del></del>	
Office Address:	1814 Dewey Place		<del></del>	
	Jacksonville		, Florida 32207	
	(City)		(Zip code)	
10. Registered	agent's acceptance:			
		ervi	ice of process for the above stated corporation at the p	lace
designated in th	is application, I hereby accept the appo	intr	nent as registered agent and agree to act in this capac	ity. I
			elative to the proper and complete performance of m	duties,
anu 1 am jamili	ar with and accept the obligations of my	po	sition as registered agent.	
	I(I)DD		-	

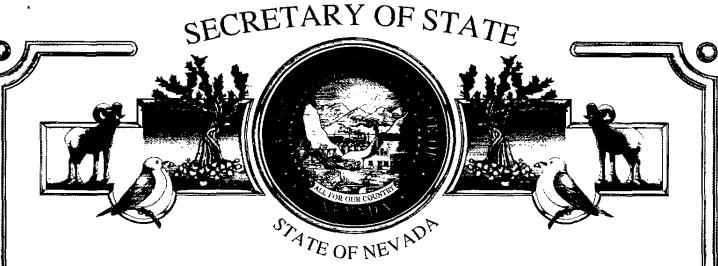
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

### A. DIRECTORS Chairman: Daniel Viana Address: 1819 Lipeepee Street, Apt E Honolulu, Hawaii 96815 Vice Chairman: Address: Address: \_\_\_ Director: Address: \_\_\_ **B. OFFICERS** President: Daniel Viana Address: 1819 Lipeepee Street, Apt E Honolulu, Hawaii 96815 Vice President: Address: Secretary: Daniel Viana Address: 1819 Lipeepee Street, Apt E, Honolulu, Hawaii 96815 Treasurer: Daniel Viana Address: 1819 Lipeepee Street, Apt E, Honolulu, Hawaii 96815 NOTE: If 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. Daniel Viana

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



## 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, MAXX MANAGEMENT CORPORATION, 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 April 10, 1998, 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 April 12, 2004.

DEAN HELLER Secretary of State

Certification Clerk

