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April 20, 2004

SIMON BACHUS 1595 SIXTEENTH AVE #301 RICHMOND HILL ONTARIO CANADA.

SUBJECT: INTERNATIONAL MONETARY SERVICES, INC.

Ref. Number: W04000015220

DECREIARY OF JIAN

We have received your document for INTERNATIONAL MONETARY SERVICES, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate 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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 704A00026029

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TNTERNATIONAL (Name of corporation	MONETARY 5 n - must include suffix)	ERVICES IN	70
Dear Sir or Madam:		CL AH	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence", and check are submitted to retransact business in Florida.		usiness in Florida",	
Please return all correspondence concerning this matter to the following:			9
SIMON BA	CHUS	2: 5	
(Name of	Person)	<i>P</i>	- ,
INTERNATIONAL MINNETARY SENULCES TW (Firm/Company)			
(Firm/Cor	npany)	# -	•
1595 SZXTE (Addre	ENTH AVE	. 1301	
(Addre	ess)		
RZCHMOND HTLL, ONTARIO CANADA LYB (City/State and Zip code)			
(City/State a	nd Zip code)		
For further information concerning this matter, please ca	all:		
STMON BACILUS at (905 (Name of Person) (Area C) 709-826 6 Code & Daytime Telephone	Number)	
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
409 E. Gaines St.	P.O. Box 6327		
Tallahassee, FL 32399	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 &	-

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. 1. INTERNATIONAL MONETARY SERVICES THE (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business 2. <u>CAYMAN</u> ISLANDS (State or country under the law of which it is incorporated) 4. FEBRUART 16 1995
(Date of incorporation) (Date of incorporation,

"UPON QUALTFUCATION"

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon gyalification.")

(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. P.O. BOX 866, GEORGETOWN, SHEDDEN ROAD, GRAND CATMON, CHIMANICS
(Principal office address) 1595 STXTEENTH AVE # 301 PRUHMOND, HZLL, ONTARIO LYB3NY
(Current mailing address) Bank take
(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) Office Address: 2875 S. OCEAN BLUD. PACM BEACH, Florida 33486
(City), Florida 33486

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.

(Registered agent's signature) Don R. Boswell

- 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:	
Vice Chairman:	
Address:	
Director: S Emon BACHUS	
Address: 35 BREDA CT	<u> </u>
RZUIMOND HZU ONTAREO L46 661	OF OF
Director:	A BOOK TO
Address:	SSE SSE
	n a m
B. OFFICERS	ORIGINAL DE
President: STUMEN BACHUS	
Address: 35 BREDA CT	
RICHMOND HILL, LYC6F/	
Vice President:	
Address:	
Secretary:	
Address:	<u> </u>
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officer	er and/or directors
	2 and/or directors.
(Signature of Director or Officer listed in number 12 of the application)	
14. Stwon BACHUS - PRESCOENT (Typed or printed name and capacity of person signing application)	
(Typed or printed name and capacity of person signing application)	

