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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Diving Inspirations 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:  Sylvia M Buck 90 Bochelle Emanuel  (Name of Person)  Washington Mutual Bank
Dakland Park financial Center 3201 N. Federal Hu
Cakland Park, florida 33306 (City/State and Zip code)
For further information concerning this matter, please call:
Rocholle Emanuel at (954, 564 - 4457 #3 Fig. (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 \$\Bigcup \$78.75 Filing Fee & B78.75 Filing Fee & Certificate of Status Certified Copy 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.
1. Divine Inspirations Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
Living Inspirations with Julyia Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
1) 1 7/4
2. hashington stall 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Horember 26, 2003 s. Pernethal
(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.)
7 805 Ostrander Rd. Volso. W/H: 98626
(Principal office address)
PO BOX413 1 moview WA 98632
(Current malling address)
8. Person Services on 14 (counseling Services) touthone only
(Purpose(s) of corporation authorized in homestate or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box of Mail Drop Box NOT acceptable)
7. Hame and street about 55 of Morion registered agent. (1.0. box of Man Diop box 1101 acceptable) should at a first
Name: JUNA Marie GUCH - Gaddress
Office Address: 2705 N.E. 33rd Ave
Office Address: Office -
+ Landerdale, Florida 33308
(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.

(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	T 1
Chairman: My ml Director 291	via M Buck
Address: 2705 N. E. 33 ra are	
At Landendde florida, 33308	·
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
V	
B. OFFICERS	
President: Sylvia M. Buck	
Address: 2705 N. E. 33 M Clux	
ft Landerdall Movida, 33308	
Vice President: Same as a land	ARR T
Address:	
secretary: Same as a port	
Address:	<u>, · · · ·                               </u>
Treasurer: Saml as alere	
Address:	
BUNDED I Change and the second and address to the analysis of the second business to the	on and the discreti-
NOTE: If necessary, you may attack an addendum to the application listing additional office	is and/or unectors.
(Signature of Director or Officer listed in number 12 of the application)	
14. Salvin Marie Back	
(Typed or printed name and capacity of person signing application)	

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### 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 DIVINE INSPIRATIONS, INC.

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 WA and was issued a Certificate Of
Incorporation in Washington on 11/26/2003.

I FURTHER CERTIFY that as of the date of this certificate, DIVINE INSPIRATIONS, INC. remains active and has complied with the filing requirements of this office.

Date: May 18, 2004

UBI: 602-341-392

STATE OF WASHINGTON TO THE STATE OF THE STAT

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

Sam Reed, Secretary of State