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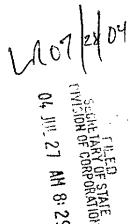
(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
. (Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GLobalVest Group, 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:				
Robert A. Lechman				
(Name of Person) GobalVest Group, Inc				
GobalVest Group, Inc				
(Firm/Company)				
13 Chamonix				
(Address)				
Laguna Nigule, Ca 92677				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Robert A Lechman at (949) 388-1479				
Robert A Lechman (Name of Person) at (949) 388-1479 (Area Code & Daytime Telephone Number) 29 27 27 28 29 27 27 27 28 29 29 20 20 20 20 20 20 20 20				
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations Pivision 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 & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy				



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 21, 2004

ROBERT A. LECHMAN GLOBALVEST GROUP, INC. 13 CHAMONIX LAGUNA NIGULE, CA 92677

SUBJECT: GLOBALVEST GROUP, INC.

Ref. Number: W04000027870

LIVISION OF CORPORATIONS

04 JUL 27 AM 8: 29

We have received your document for GLOBALVEST GROUP, 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):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

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) 245-6958.

Lee Rivers Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Letter Number: 804A00046109

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.

l.	GlobalVest Gro	oup, Inc.
		erporation; must include "INCORPORATED," "COMPANY," "CORPORATION," erp," "lnc," "Co," or "Corp.")
	(If name unavails	lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2.	State of Californ	11 0000
	(State or country i	under the law of which it is incorporated) (FEI number, if applicable)
4.	June 10, 2002	5. Perpetual
	(Date	pf incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	Augu	KT 1-2004
W		(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.	13 Chamonix, La	aguna Niguel, Ca 92677 Q Z
, ,		(Principal office address)
	13 Chamonix, La	aguna Niguel, Ca 92677 (Principal office address) aguna Niguel, Ca 92677 (Current mailing address)
		(Current mailing address)
8.	Securities	(Current mailing address) 1 CORREST 20 CORREST 3 CORREST 3 CORREST 4 CORREST 5 CORREST 6 COR
	(Purpose(s)	s) of corporation authorized in home state or country to be carried out in state of Florida)
9.	Name and street	at address of Florida registered agent: (P.O. Box NOT acceptable)
	Name:	Dean Esposito
Oi	ffice Address:	515 East Las Olas ST 1030
	:	Fort Lauderdale , Florida 33301
	•	(City) (Zip code)
10	Registered ag	gent's acceptance;
		ight 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.

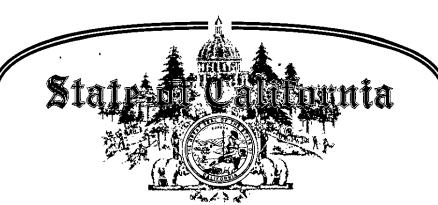
(Registered agent's signature)

11. Attached is a conflicate 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: Robert A. Lechylau		
Address: 5319 University # 523		
Irvine, Ca 92612		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: M.Fred Meissner, Jr		
2135 Seaman Circle		
Chamblee, Ga 30341	F	
Vice President:	2	C 7 1
Address:	_	공유도 유입
	<u>8</u> 2	PP.
Secretary: Robert A. Lechman	<u> </u>	<u> </u>
Address: 5319 University # 523, Irvine, Ca 92612		
Treasurer:		
Address:		
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 applic	cation)	
Robert A. Lechman		

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



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the **10th day of June, 2002, GLOBALVEST GROUP, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

STATE OF MINNESOT STATE OF MINNESOT STATE

JUN 29 2004

FILED

IN WITNESS WHEREOF, I execute the large of State certificate and affix the Great Seal of the State of California this day of May 25, 2004.

KEVIN SHELLEY Secretary of State

