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TRANSMITTAL LETTER

	tration Section of Cor					
		•				
SUBJECT:	Colusa	Contracting, Inc. (Name of contracting)	prporation	on - must include si	uffix)	
Dear Sir or M	ladam:	,	•		,	
	f Existence	ion by Foreign Corpora e," and check are subm rida.				
Please return	all corresp	ondence concerning th	s matte	r to the following:		
Alan S. Poyth	iress					
		(Name o	f Person)		
Colusa Contr	acting, Inc	·				
		(Firm/Co	ompany)		
1971 West La	ımsden Ro	oad, Suite 317				至是早
			(Add	ress)		福 章 四
Brandon, Flor	ida, 33541	I				22 1
		(Ci	y/State	and Zip code)		# 11: 51
For further in	formation	concerning this matter,	please o	call:		5 · 5
Alan S. Poyth	ress	at (_) 672.2520		
(Nan	ne of Perso	on)	(Area	Code & Daytime T	elephone l	Number)
	EET ADD				IG ADDR	
	ion of Cor E. Gaines S			Division P.O. Box	of Corpor	rations
	hassee, FL				see, FL 32	2314
Enclosed is a	check for	the following amount:				
□ \$70.00 Fil	ing Fee	2 \$78.75 Filing Fee Certificate of Sta		3 \$78.75 Filing Fee Certified Copy	e& □	\$87.50 Filing Fee, 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.	Colusa Contracting, Inc.		
	(Enter name of corporation; must include "INCORPORATEI" Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	D,'	"COMPANY," "CORPORATION,"
	(If name unavailable in Florida, enter alternate corporate nam	10	adonted for the purpose of transacting business in Florida)
2.			20-91852598 .
	(State or country under the law of which it is incorporated)	,	(FEI number, if applicable)
4	November 5, 20045	5.	Perpetual
т.	(Date of incorporation)	•	(Duration: Year corp. will cease to exist or "perpetual")
6.			
			n Florida, if prior to registration) 102, F.S., to determine penalty liability)
	1971 West Lumsden Road, Suite 317, Brandon, FI 3354		oz, r.o., to determine politics masters,
7.	(Principal office ad		ress)
	Same		ES 5 T
	(Current mailing ac	ddı	ress)
			2 日 日 日
8.	Communications Contracting		OFFIcial Action of the Control of th
	(Purpose(s) of corporation authorized in home state or	ço	dunity to be carried out in state of Florida)
9.	Name and street address of Florida registered agent: (P	.C	Box NOT acceptable)
	Name: Alan S. Poythress	_	
o	ffice Address: 10111 Majestic Palm Circle #204		
	Riverview		, Florida 33569
	(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:

Chairman: 33569 XIMENA LOGILEIMA Address: 18459 Pines Blvd. #138 Pembroke Pines, Fl 33029 Vice Chairman: James Cowin Address: 18459 Pines Blvd, #138 Pembroke Pines, Fl 33029
Pembroke Pines, Fl 33029 Vice Chairman: James Cowin Address: 18459 Pines Blvd, #138
Vice Chairman: James Cowin Address: 18459 Pines Blvd, #138
Address: 18459 Pines Blvd, #138
Address: 18459 Pines Blvd, #138
Pembroke Pines FI 33029
1 0/11/5/07/01 1/100/07/07
Director: Susan Cowin
Address: 9378 Mason Montgomery Road, Suite 219
Mason, OH 45040
Director: Alan S. Poythress
Address: 10111 Majestic Palm Circle #204
Riverview, FL 33569
B. OFFICERS
President: James Cowin
Address: 18459 Pines Blvd. #138
Pembroke Pines, FL 33029
Vice President: Susan Cowin
Address: 9378 Mason Montgomery Road, Suite 219
Mason, OH 45040
Secretary:
Address:
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 application)
(Signature of Director or Sifficer listed in number 12 of the application) 14. Alan S. Poythress, Director (Typed or printed name and capacity of person signing application)

B. Addendum for Officers

Owner:

Ximena Logreira

Address:

18459 Pines Blvd, #138

Pembroke Pines, FL 33029

VP Operations: Address:

Alan S. Poythress

10111 Majestic Palm Circle #204

Riverview, FL 33569



Delaware

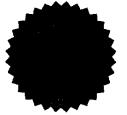
PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLUSA CONTRACTING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLUSA CONTRACTING, INC." WAS INCORPORATED ON THE FIFTH DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



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AUTHENTICATION: 3464141

DATE: 11-09-04