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Division of Corporations

Fax Number

: (850)205~0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)222-9428

FOREIGN PROFIT QUALIFICATION

Formoor Holdings Ltd. S.A.

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Division of Corporations

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Florida Department of State

Division of Corporations Public Access System

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Account Number : FCA000000023 Phone

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Fax Eurober

: (850)222-9429

FOREIGN PROFIT QUALIFICATION

Formoor Holdings Ltd. S.A.

Certificate of Status Certified Copy Page Count Estimated Charge

COMPANIE FURG

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.

i,		dings Ltd. S.A.			_	
		poration; must include the word "INCORPOR eviations of like import in language as will cle				•
		or partnership if not so contained in the name				
	Bahamas		3.			
	(State or count	ry under the isw of which it is incorporated)		(FEI number, if applicable)		•
4.	1/26/2000		5.	Perpetual		
	(De	ate of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
6.	12/18/2004				_	
	(Date first trans			transacted business in Florida, insert "upon qualification." , 607.1502 and B17.155, F.S.)	7	
7.	P.O. Box N92	98, Nassau, Bahamas			_	
		(Principal office a	adda	7015)		
	2655 North Oc	cean Drive, Singer Island, FL 33404			_	
		(Curem mailing a	odr	ess)		
		e e e e e e e e e e e e e e e e e e e				
8.		wful business to be carried out in the state of I			TAE SE	2
	(Purpose	e(a) of corporation authorized in home state or	CO	untry to be carried out in state of Florida)		
9.	Name and st	treet address of Florida registered agen	ić:	(P.O. Box or Mail Drop Box NOT acceptable)	USZ.	Z TI
	Name:	John R. Macari			SET	w Fil
Of	fice Address:	2655 North Ocean Drive		·	E ST ST	SZ ZZ SZ ZZ
		Singer Island		, Florida <u>33404</u>	ORIOA	S
		(City)		(Zip code)	>	0

10. Registered agent's acceptance;

Having been named at 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 ect 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.

By: Registered Ampts 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.

A, DIR	ECTORS		
Chairmar	John R. Macari		
Address:	2655 North Ocean Drive		ı
	Singer Island, FL 33404		
Vice Cha	irman;	•_,	
Address:			
Director:	Sandra Sherman		
Address:	2655 North Ocean Drive		
	Singer Island, FL 33404		
Director:			
Address:		7s 2	2
B. OFF	,	CRET	
,	John R. Macari		, در
	2655 North Ocean Drive		일 12:
	Singer Island, FL 33404	- <u>95</u>	,5 ,5
	dent:		C
Address:			
Secretary:			
Address:			
reseurer:			
Address:	·	·	
VOTE: 1:	(Superure of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		

