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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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Office Use Only

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Sova Enterprise (Name of corporation	, Inc.				
(Name of corporation	n - must include suffix)				
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to r transact business in Florida.					
Please return all correspondence concerning this matter					
Vasil T. Ivanov, J (Name of	a.				
(Name of	Person)				
(Firm/Co	mpany)				
6017 Pine Ridge (Adding Naples FL 3 (City/State)	Rd. StE 381				
(Addı	ress)				
Nanies EL 3	4119				
(City/State	and Zip code)				
For further information concerning this matter, please of	eall:				
1					
(Name of Person) at (631)	, 872 2004				
(Name of Person) (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   ☐ \$78.75 Filing Fee &	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy				

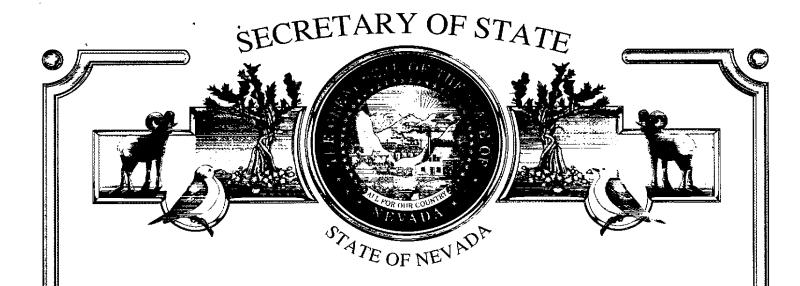
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. <u>Soua</u>	Enterprise   Wiscorporation; must include "INCORPO	٠					
(Enter name of c	corporation; must include "INCORPO Corp," "Inc," "Co," or "Corp.")	RATED,	" "COMPANY,	" "CORPORATIO	N,"		
піс., со., с	orp, me, co, or corp.						
	-						
(If name unavail	lable in Florida, enter alternate corpor	ate name	adopted for the p	ourpose of transacti	ng busine	ess in Flor	rida)
	_			-			
2. State or country	under the law of which it is incorpora	3.		(FEI number, if app	olicable)		
1. Deve	uber 10 200+ e of incorporation)	5,	(Duration: Yes	ar corp. will cease t	o exist or	"perpetu	al")
			`	•		1 1	,
6	(Date first transacted b	usiness i	n Florida, if prior	to registration)		- <del></del> -	<del></del>
	(SEE SECTIONS 607.1501	& 607.15	502, F.S., to dete	rmine penalty liabil			
7. 6017	Pine Ridge Rd (Principal o	S-	te 381	Naples	FL	341	19
	(Principal o	ffice add	ress)				
6017	Pine Ridge Rd.	54	£ 381	Naples	FL.	341	19
	(Current ma	iling add	lress)				
	, _		<b>.</b>				_
8. <del>10 eng</del>	s) of corporation authorized in home s	<u>ا صد</u>	tor au	ovity for	<u>  سال د</u>	ich a	_ <u>C</u> ~6
(Purpose(	s) of corporation authorized in home s	itate or co	ountry to be carri	ed out in state of F	orida)	(re	orge
	<u>et address</u> of Florida registered age	_		_			
Name:	Vasil T. Ivanov, 6017 Pine Rida Napres (City)	12				Z::	05 JAN -5 PH 2:
	( ? 0 . )			S>1		Z	¥.
Office Address:	6011 the Kida	<u>e 12 d</u>	<u> </u>	01			
	Naples		, Florida	34119	<u>.</u> .	,	
	(City)			(Zip code)		=;	
	gent's acceptance:					읦	19 -
Having been nan	ned as registered agent and to acc	-			_	-	-
	s application, I hereby accept the comply with the provisions of all s						
and I am familia	r with and accept the obligations of	of my po	etauve to the p sition as regist	ered agent.	ne perjo	munce	oj my uuc
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			_				
_	Van V		<u> </u>				
	(Registered agent's s	ignature)	•				

- 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: Vasil T. Ivanov, In
Address: 6017 Pine Ridge 12d Ste 381
Nogles & 3+119
Vice Chairman:
Address:
Director
Director:
Address:
Director:
Address:
B. OFFICERS  President: Vesil T. Ivanov, de
Address: 6017 Pina Ridge Rd Ste 381
Naples FL 34119
Vice President:
Address:
Address.
Secretary: Vasil T. Ivanov de
Address: 6017 Pine Ridge Rd. Ste 381 Naples 9_ 3419
Treasurer: Vasil T. Ivanor de
Address: 4017 Pine lidge Rd Str 387 Naples FL 3419
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.  13.
(Signature of Director or Officer listed in number 12 of the application)
14. VASIL T. IVANOV, JR. Chairwan
(Typed or printed name and capacity of person signing application)



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SOVA ENTERPRISE, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since, November 10, 2004, and is in good standing in this state.

By

IN WITNESS WHEREOF, I have hereunto set my hand And affixed the Great Seal of State, at my office, in Carson City, Nevada, on. December 14, 2004

Dean Heller

Secretary of State

Certification Clerk