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TRANSMITTAL LETTER

05 JAN 24 JM 9: 22

TO: Registration Section SECRETARY OF STATE Division of Corporations TALLAHASSEE, FLORIDA SUBJECT: LVA MANAGEMENT & CONSULTING, 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: MS. JENNIFER SAUNDERS (Name of Person) **GALARDI SOUTH ENTERPRISES** (Firm/Company) 5325 NW 77 AVENUE (Address) DORAL, FL 33166 (City/State and Zip code) For further information concerning this matter, please call: PATRICIA BURNSIDE at (305 (Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount:

☐ \$78.75 Filing Fee &

Certified Copy

☐ \$87.50 Filing Fee,

Certificate of Status & Certified Copy

2 \$70.00 Filing Fee

☐ \$78.75 Filing Fee &

Certificate of Status

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

FILED

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO 24 M 9: 22

| | MENT & CONSULTING, INC. | OEORE) | <u>. , , , , , , , , , , , , , , , , , , ,</u> |
|------------------------------------|--|--|--|
| (Enter name of a "Inc.," "Co.," "C | corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.") | " "COMPANY," "CORPORATION," | |
| (If name unavai | lable in Florida, enter alternate corporate name | adopted for the purpose of transacting business in Flori | da) |
| NEVADA | 3. | 88-0300564 | |
| (State or country | under the law of which it is incorporated) | (FEI number, if applicable) | |
| 05/02/1991 | 5. | PERPETUAL | |
| | e of incorporation) | (Duration: Year corp. will cease to exist or "perpetua | l") |
| UDDO | avalification | | |
| | (Date first transacted business in | r Florida, if prior to registration) | _ |
| | | 502, F.S., to determine penalty liability) | |
| 5325 NW 77 A | VENUE, DORAL, FLORIDA, 33166 | | |
| | (Principal office add | ress) | |
| 5325 NW 77 A | VENUE, DORAL, FLORIDA, 33166 | | _ |
| | (Current mailing add | ress) | |
| TO ENGAGE I | N ANY LAWFUL PRACTICE OR ACTIVITY | Y | |
| | s) of corporation authorized in home state or co | · · · · · · · · · · · · · · · · · · · | _ |
| Name and atva | et address of Florida registered agent: (P.C | Pow NOT accordable) | |
| ranie and sites | | . Box <u>ivo r</u> acceptable) | |
| Name: | PATRICIA BURNSIDE | | |
| fice Address: | 2455 HOLLYWOOD BLVD., SUITE 104 | | |
| | HOLLYWOOD | , Florida 33020 | |
| | (City) | (Zip code) | |

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.

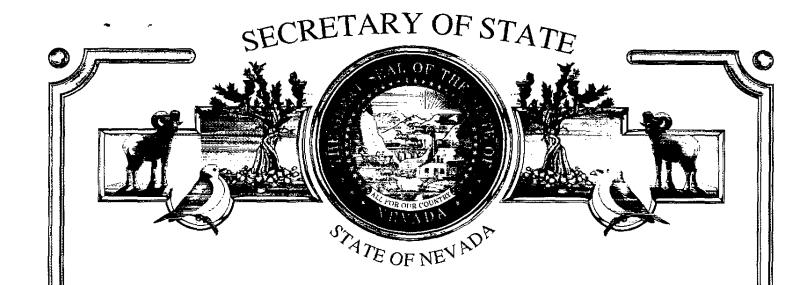
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS FILED Chairman: 33020 IAN 24 M 9:22 Address: __ SECRETARY OF STATE Vice Chairman: __ Address: _ Director: JACK E. GALARDI Address: 713 EAST OGDEN LAS VEGAS, NV 89101 Director: _____ Address: _ **B. OFFICERS** President: JACK E. GALARDI Address: 713 EAST OGDEN LAS VEGAS, NV 89101 Vice President: Address: ____ Secretary: JACK E. GALARDI Address: 713 EAST OGDEN, LAS VEGAS, NV 89101 Treasurer: JACK E. GALARDI Address: 713 EAST OGDEN, LAS VEGAS, NV 89101 NOTE: If pecessary, 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) 14. JACK E. GALARDI, President

(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, LVA MANAGEMENT & CONSULTING, INC., as a close corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since, May 2, 1991, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand And affixed the Great Seal of State, at my office, in Carson City, Nevada, on. January 18, 2005

Dean Heller

Secretary of State

Certification Clerk