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TRANSMITTAL LETTER

TO:	Registration Se Division of Co							
SUBJ	ECT:	YVARY.	Name of corpor	JATION	MC. In	ic.		_
		(Name of corpor	ration - must	include suffix)			
Dear S	Sir or Madam:							
"Certi	nclosed "Applica ficate of Existend ct business in Flo	e," and chec						t o
Please	return all corres	/ .	_	atter to the fo	llowing:			
	INGINIA	20276		e of Person)	,			
j	Lucary	10000	NATTON	<u> -</u>	41			
<i>E</i>	YV FIRT	JUZER		/Company)	<u>ــــــــــــــــــــــــــــــــــــ</u>	AU. F		
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				Address)	16 16	<u></u>		_
	WINTE	0 /00		3279	7 7			
	CONCIE	EIMA	(City/St	ate and Zip c	ode)			
For fu	rther information	concerning	this matter, plea	se call:		TAL SE	7005	
1/	1					L C A R		T
IRE	WiA WE	21624	aį (#C	07)38	<i>4-4ZZO</i> Daytime Teleph	X170 6=	Ē	
	(Name of Pers	son)	(Aı	rea Code & I	Daytime Teleph	ione Number)	8 A II: 20	U
	STREET ADI	DRESS:			MAILING A	DDRESS:	1: 2	
	Registration Se	ection			Registration S	Section 📑	0	
	Division of Co 409 E. Gaines	_			Division of Co P.O. Box 632			
	Tallahassee, Fl				Tallahassee, F			
Enclos	sed is a check for	the followin	g amount:					
□ \$70	0.00 Filing Fee		Filing Fee & cate of Status		Filing Fee & ed Copy	\$87.50 Fil Certificat Certified	e of Stat	us &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE RÉGISTER A FORI	WITH SECTION 607.1503, F EIGN CORPORATION TO TI	LORIDA STATUTES, 1 RANSACT BUSINESS I	THE FOLLOWING IS N THE STATE OF F	S SUBMITTED TO LORIDA
1. VYVARY	INTERNATION	DAL INC		
(Enter name of cor "Inc.," "Co.," "Cor	poration; must include "INCOR" p," "Inc," "Co," or "Corp.")	PORAŤED," "COMPA!	vy," "CORPORATIO	N,"
(If name unavailab	ole in Florida, enter alternate corp	porate name adopted for t	he purpose of transacting	ng business in Florida)
2. <u>ELA</u>	WARE	3, <u></u> 20 <i>-</i> _	x27426	
(State or country ur	nder the law of which it is incorp	porated)	(FEI number, if app	·licable)
4. //wem	BER 10, 2004	5 <i>A</i> _R	RTUA C	
(Date o	f incorporation)	(Duration:	Year corp. will cease to	exist or "perpetual")
6. N/A				
	(SEE SECTIONS 607.15	ed business in Florida, if p 501 & 607.1502, F.S., to d		ity)
7. 4037 M		DUTE 120 W	INTER HARK	tc 32792
M	(Principa	al office address)		
4037 /11		mailing address)	e PARK, FL	32792
8. Busine	ESS COUSULTIN	<i>ن</i> د	. -	
(Purpose(s)	of corporation authorized in hom	ne state or country to be ca	arried out in state of Flo	orida)
9. Name and street a	address of Florida registered a	agent: (P.O. Box NOT	accentable)	₹
	VIRGINIA WELL	•	,	2005 2005
Name:	M. S.	< · · ·	Land of the service of the control o	JAN JAN
Office Address:	4037//ETEIC	Deve, Sur	E IZO	ARY —
	DINTER FOR	Floric	la 32792	
	(City)	, r rough	(Zip code)	
				RE 2
10. Registered ager Having been named	nt's acceptance: I as registered agent and to a	ecent service of process	s for the above states	corneration at the place
designated in this ap further agree to con	oplication, I hereby accept th aply with the provisions of al	ie appointment as regis Il statutes relative to the	tered agent and agre proper and complet	e to act in this capacity. I
and I am familiar w	ith and accept the obligation	s of my position as reg	istered agent.	
	, /	, /		
	// /	11	>	•
	Manual M	Manatura)		
	(Registered agent)	aoignature)		

- 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:			
Address:			
			 -
Vice Chairman:	=		
Address:			
Director: VIRGINIA WRIGIT			
Address: 597 LAKE DOE BLVD	 		
APOPKA, TL 32703			
Director: KEN WILSON			<u> </u>
Address: 12302 N 147 DRIFE			
SUNPISE, AZ 85379			
B. OFFICERS ,			
President: VIRGINIA WRIGHT			
Address: 597 LAXE DOE BIND			
APOPKA, FC 32703			
Vice President:	TASE	70	
Address:	CRE	<u>ب</u>	77]
	ASS	== ==	
Secretary: KEN WILSON	im o	<u>→</u>	
Address: 12302 N. 147 DRIVE, SURPRISE, AZ 853	29	==	
Treasurer: Ken Wilson	स्मातित अन्य	<u>0</u>	
Address:			
NOTE: If necessary you may attach an addendum to the application listing additional officers at	nd/or dire	ctors.	
13. (Signature of Director or Officer listed in number 12 of the application)			
Tracinia la			
(Typed or printed name and capacity of person signing application)			

Delaware PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VYVARY INTERNATIONAL 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 TENTH DAY OF JANUARY, A.D. 2005.

SECRETARY OF STATE

3868337 8300

050019937

AUTHENTICATION: 3607060

DATE: 01-10-05



Varriet Smith Hindson

Harriet Smith Windsor, Secretary of State