# FUS 000000654

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#### TRANSMITTAL LETTER

	gistration Section ision of Corporations					
SUBJECT	: MANAGED OPULENCE, LLC  (Name of corporation - must include suffix)					
Dear Sir or I	Madam:					
"Certificate	d "Application by Foreign Corporation for Authorization to Transact Business in Florida," of Existence," and check are submitted to register the above referenced foreign corporation to iness in Florida.					
Please return all correspondence concerning this matter to the following:						
R	ONALD R. ALBER (Name of Person)					
	AN AGEO OPULENCE, LLC (Firm/Company)					
20	9 HENORICKS ISLE, #7 (Address)					
Ft.	LANDERDALE, FL 3330/ (City/State and Zip code)					
For further in	nformation concerning this matter, please call:					
Ron (Na	me of Person) at (760) 917-298/ (Area Code & Daytime Telephone Number)					
Regi Divis 409 l	MAILING ADDRESS: istration Section sion of Corporations E. Gaines St. Ahassee, FL 32399  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a	a check for the following amount:					
□ \$70.00 Fi	ling Fee					

## 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.

(Enter name of c	orporation; must include "INCORPOR orp," "Inc," "Co," or "Corp.")	ATED,	" "COMPANY," "CORPORATION,"	<del></del>
(If name unavaila	able in Florida, enter alternate corporat	e name	adopted for the purpose of transacting business in Flo	orida)
DELAL	ARE	3.	(FEI number, if applicable)	
(State or country	under the law of which it is incorporate	ed)	(FEI number, if applicable)	-
OCTOBER	21,2004	5.	PERPETUAL  (Duration: Year corp. will cease to exist or "perpet	
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpet	val")
NONE	YET			
	(SEE SECTIONS 607.1501 &	է 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
4750	N. Dixie Hwy, # 16	6 1	Ft, LAUDEROALE, FL	<del></del>
YACHT (Purpose(s	MANAGEMENT & SALE ) of corporation authorized in home sta	ES ite or co	dale, FL 3330/ ress)  nuntry to be carried out in state of Florida)	
Name and stree	t address of Florida registered agen	t: (P.C	D. Box <u>NOT</u> acceptable)	
Name:	RONALO R. AL	BER	<del></del>	
ffice Address:	209 HEWORICKS I.	SCE	,#7	2305
	Ft. LAuderdale		, Florida	بر مرد
	(City)		(Zip code)	2005 J.M. 28
. Negisteren ag	cht sacteplance.		l41-2	•
signated in this : rther agree to co	application, I hereby accept the ap	pointm tutes re	ce of process for the above stated corporation at this sent as registered agent and agree to act in this stative to the proper and complete performance stition as registered agent.	capac <b>R</b> y.
	Fand To.	<del>,                                     </del>		

- 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: RONACO R. AUBER
Address: 209 HENDRICKS ISLE, #7
FT. LAMOERDALE, FL 33301
Vice Chairman: MILAW JUROUICH
Address: 197 WOOOLAND PKWY, #104
SAN MARCOS, CA 92069
Director: JON WILLHELM
Address: 7415 OLD BRIDGE RO.
HIGHLAND, CA 92346
Director:
Address:
B. OFFICERS
President: RONALD A. ALBER
Address: 209 HENORICKS ISLE, #7
FT. LAMORROME, FL 3330/
Vice President: Milan Juro Vich
Address: 197 WoodLand PKWY., # 104
SAN MAYCOS, CA 92069
Secretary: Milmu Jukovich
Address: 197 Woodland PKWY, # 104, SAN MATCOS, CA 92069
Treasurer: JON WILLHELM
Address: 7415 OLD BRIDGE RD. HIGHLAND, CA 92346
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)
14. RONALD R. ALBER - PRESIDENT
(Typed or printed name and capacity of person signing application)
·> mo

# Delaware

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### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MANAGED OPULENCE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MANAGED OPULENCE, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2004.

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



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3642762

DATE: 01-26-05

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