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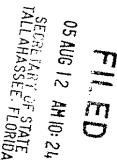
| (Request | tor's Name) |
|--------------------------------|------------------------|
| | |
| (Address | 5) |
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| (Address | 3) |
| | |
| (City/Sta | te/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Busines | s Entity Name) |
| (20000 | |
| (Docume | ent Number) |
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| Certified Copies | Certificates of Status |
| · — | |
| Special Instructions to Filing | Officer |
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Office Use Only



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EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address

CORAL GABLES, FL 33134 City/State/Zip

(305) 444-4994

Phone #

SWG 12 MID: 24

Examiner's Initials

OFFICE USE ONLY

| | DOCUMENT NUMBER(S) (if known): |
|-----------------------|--|
| Blue water ? | Direct. Inc. |
| (Corporation Name) | (Document #) |
| | |
| (Corporation Name) | (Document #) |
| (Corporation Name) | (Document #) |
| , | |
| (Corporation Name) | (Document #) |
| ☐ Walk in ☑ Pick up t | time |
| Mail out Will wait | |
| | |
| NEW FILINGS | AMENDMENTS |
| Profit | Amendment |
| NonProfit | Resignation of R.A., Officer/ Director |
| Limited Liability | Change of Registered Agent |
| Domestication | Dissolution/Withdrawal |
| Other | Метдет |
| | |
| OTHER FILNGS | REGISTRATION/ |
| Annual Report | QUALIFICATION |
| Fictitious Name | Foreign |

Limited Partnership

Reinstatement

Trademark

Other

Name Reservation

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

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. | BLUE WATER DIRECT, INC. | |
|------------|--|---|
| | (Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION," |
| | | • |
| | (If name unavailable in Florida, enter alternate corporate name | adopted for the purpose of transacting business in Florida) |
| | • | |
| | State or country under the law of which it is incorporated) | (FEI number, if applicable) |
| | | - ' |
| 4. | OCTOBER 12, 2004 5. | PERPETUAL |
| | (Date of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") |
| 5. | UPON QUALIFICATION | |
| | (Date first transacted business in | |
| | · · | 02, F.S., to determine penalty liability) |
| 7. | 2005 W. CYPRESS CREEK RD. SUITE 104 FT. LAUDER | |
| | (Principal office addr | ess) |
| | 2005 W. CYPRESS CREEK RD. SUITE 104 FT. LAUDER | DALE FL 33309 |
| | (Corrent mailing adds | ress) |
| | | |
| 3. | TO TRANSACT ANY LAWFUL BUSINESS | |
| | (Purpose(s) of corporation authorized in home state or co- | untry to be carried out in state of Florida) |
| ` | Name and street address of Florida registered agent: (P.O | Roy NOT accentable) |
| ٧. | Traine and Suger and Cos of 1 fortuna registrica agont. (1.0 | . Dok <u>1901</u> acceptable) |
| | Name: MOHAMMED H. LAKHANI | |
| D 1 | ffice Address: 2005 W. CYPRESS CREEK RD. SUITE | 104 |
| | FT. LAUDERDALE | Florida 33309 |
| | (City) | (Zip code) |
| | . . | |
| |). Registered agent's acceptance: | e of warses for the above stated comparation as the |

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.

(Registered agent's 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.
- 12. Names and business addresses of officers and/or directors:

| A. DIRI | ECTORS |
|------------|---|
| Chairman | MOHAMMED H. LAKHANI |
| Address: | 2005 W. CYPRESS CREEK RD. SUITE 104 FT. LAUDERDALE FL 33309 |
| | |
| Vice Chai | irman; FAROOQ Y. GUTTA |
| | 2005 W, CYPRESS CREEK RD. SUITE 104 FT. LAUDERDALE FL 33309 |
| | |
| Director | NOOR MEMON |
| | 2005 W. CYPRESS CREEK RD. SUITE 104 FT. LAUDERDALE FL 33309 |
| Andress. | |
| Di | |
| | |
| Address: | |
| | |
| B. OFF | |
| President | MOHAMMED H. LAKHANI |
| Address: | 2005 W. CYPRESS CREEK RD. SUITE 104 FT. LAUDERDALE FL 33309 |
| | |
| Vice Presi | ident: FAROOQ Y. GATTA |
| Address: | 2005 W. CYPRESS CREEK RD. SUITE 104 FT. LAUDERDALE FL 33309 |
| | |
| Secretary | NOOR MEMON |
| | 2005 W. CYPRESS CREEK RD. SUITE 104 FT. LAUDERDALE FL 33309 |
| | |
| Treasurer: | |
| Address: | |
| 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 | MOHAMMED H. LAKHAN) PRESIDENT |
| | (Typed or printed name and capacity of person signing application) |



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUE WATER DIRECT, 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 FIRST DAY OF AUGUST, A.D. 2005...



Darriet Smith Windson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4058948

DATE: 08-01-05

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