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COVER LETTER

10:	Division of Co					
SUBJ	ECT:	Perf	ectore, Inc.			
~~~	(Name of Corporation – must include suffix)					
Dear S	ir or Madam:					
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.						
Please	return all corresp	oondence concerning this ma	tter to the following:			
<del></del>			cados, CPA			
		(Name o	f Person)			
		Mary E. Prac	dos. CPA. PA			
		(Firm/C	dos, CPA, PA ompany)			
				<del>.</del>		
		420 Lincoln	Road, # 357			
		420 Lincoln (Add	lress)			
		Med and Danel	- 51 22120			
			n, Fl 33139 nd Zip Code)	<del></del>		
		•	• ,			
For further information concerning this matter, please call:						
	Mary E	. Prados at	305-53	8-3443		
	(Name	of Person)	305-53 (Area Code & Daytime T	elephone Number)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclos	ed is a check for	the following amount:				
□ \$70	0.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 27, 2005

MARY E. PRADOS, CPA MARY E. PRADOS, CPA, PA 420 LINCOLN ROAD, #357 MIAMI BEACH, FL 33139

SUBJECT: PERFECTORE, INC. Ref. Number: W05000048986

We have received your document for PERFECTORE, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist

Letter Number: 305A00065152

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1.	Perfectore, Inc.						
	(Name of corporation: must include the word "INCORPORAT import in language as will clearly indicate that it is a corporation	ED" or "CORPORATION" or words or abbreviations of like on instead of a natural person or partnership if not so contained a corporate suffix by a nonprofit corporation.)					
	in the name at present. "Company" or "Co." may not be used a	s a corporate suffix by a nonprofit corporation.)					
2.	Delaware 3. (State or country under the law of which it is incorporated)	20-3609230					
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)					
4.	8/9/05 5. (Date of Incorporation)	"Perpetual"					
	(Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")					
6.	8,	/9/05 sections 617.1501 & 617.1502, F.S, to determine penalty liability.)					
	(Date first conducted affairs in Florida if prior to registration. See	sections 617.1501 & 617.1502, F.S, to determine penalty liability.)					
7.	2711 Centerville Road, # 400, Wilmi (Principal of	ngton, De 19808					
	(Principal of	ice address)					
7000 H. Maria Barah El 22141							
	7820 Harding Ave. # 5, Miami Beach, (Current mai	ing address)					
	<b>\(</b> \cup						
R	To engage in any lawful act or activity for which corporations may be	presented under the Corner Corneration Law of Delayare and Florida					
٥.	(Purpose(s) of corporation authorized in home state or country	to be carried out in the state of Florida)					
9.	Name and street address of Florida registered agent: (P.C	Box NOT acceptable)					
	Name: <u>Mary E. Prados, CPA, PA</u>	_					
0	ffice Address: 420 Lincoln Road, # 357	₹.5 ~ <u>.</u>					
O.	filee Address. 420 Bincoin Road, # 337						
	Miami Beach	Florida 33139					
	(City)	(Zip Code)					
Office Address: 420 Lincoln Road, # 357  Miami Beach , Florida 33139  (City) (Zip Code)  10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I							
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.							
2							

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.

(Registered agent's signature)

,12. Names and addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Colion Brown	
Address: 7820 Harding Ave. # 5	
Miami Beach, Fl 33141	
Vice Chairman:	
Address:	
Director: Mary E. Prados	
Address: 420 Lincoln Road, # 357	
Miami Beach, Fl 33139	
Director:	
Address:	
B. OFFICERS	
President:	
Address:	
Vice President:	-40 79
Address:	
	55 K 14 12 13 13 13 13 13 13 13 13 13 13 13 13 13
Secretary:	U
Address:	•
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	g additional officers and/or directors.
12	
(Signature of Chairman, Vice Chairman, or any officer listed	in number 12 of the application)
14. Mary E. Prados, Director  (Typed or printed name and capacity of person s	igning application)

# Delaware

PAGE

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "PERFECTORE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE NINTH DAY OF AUGUST,
A.D. 2005, AT 1:43 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PERFECTORE INC." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2005.

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

رة

Darriet Smith Hindson

AUTHENTICATION: 4293773

DATE: 11-14-05

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