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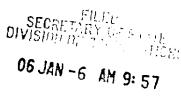
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: WALDEN VENTURES, LTD.			
(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:			
RICHARD FISCHMAN			
(Name of Person)			
FISCHMAN & ASSOCIATES LID			
(Firm/Company)			
Please return all correspondence concerning this matter to the following: RICHARD FISCHMAN (Name of Person) FISCHMAN & ASSOCIATES, LTD (Firm/Company) 3255 N. ARLINGTON HEIGHTS RD, #503 (Address) ARLINGTON HEIGHTS, TL 60004 (City/State and Zip code)			
(Address)			
ARLINGTON HEIGHTS IL 60004			
(City/State and Zip code)			
For further information concerning this matter, please call:			
D -			
(Name of Person) at (847) 590-0600 (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314			
Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$\ \text{Certificate of Status} \text{S78.75 Filing Fee & Certified Copy} \text{S87.50 Filing Fee, Certified Copy} \text{Certified Copy} \text{Certified Copy}			

of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," ""Corp," "Inc," "Co," or "Corp.") available in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida ALLINOIS 3. 04-36758/6 attry under the law of which it is incorporated) (Fill number, if applicable) (Duration, Year corp, will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address) ARLINGTON HEIGHTI, IL 66 (See(s) of corporation authorized in home state or country to be carried out in state of Florida) (Set address of Florida registered agent: (P.O. Box NOT acceptable)
evailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida [LUINOIS] 3. 04-36758/6 Intry under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) [Principal office address] (Principal office address) (Current mailing address) (Current mailing address) (Current mailing address) (Current out in state of Florida)
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street address of Florida registered agent: (P.O. Box NOT acceptable)
Street datates of 1 total telestered alberte: (1:0: 501 100 ptate)
Anna Haraman
HOAM HOLZHAUER
S: 1333 BEACON CIRCLE
WELLINGTON, FL Florida 334/4 (City) (Zip code)
(City) (Zin code)
(Elp code)

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 business addresses of officers and/or directors:

A. DIRECTORS	UVISION VARYOR
Chairman:	06 JAN
Address:	06 JAN -6 AM 9: 57
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS President: ADAM HOLZHAUER Address: 1333 BEACON CIRCLE	
77	
Vice President: HAVA HOLZHAUER	
Address: 1333 BEACON CINCLE	
Secretary: X N/A	
Address:	
Treasurer: X N/A	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
13. Standard of Director or Officer listed in number 12 of the app	nlication)
14. ADAM HOLZHAUER PRESIDENT (Typed or printed name and capacity of person signing applied)	

File Number

6223-011-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

NOVEMBER

A.D.

2005

Desse White