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(Re	questor's Name)			
(Ad	dress)	<u></u>		
(Ad	dress)	<u> </u>		
(Cit	ry/State/Zip/Phone #	9)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name	)		
(Document Number)				
Certified Copies	_ Certificates o	f Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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NETARY OF STATE

### RON RAMEY ATTORNEY AT LAW

Three Riverway Suite #500 Houston, Texas 77056-1919 Telephone: 713.840.1400 Telecopier: 713.623.8222 Email:rramey@rameylaw.com

March 6, 2006

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: XCEL-Texas, Inc.

Enclosed find Application to Register the above corporation in Florida.

Enclosed in our check payable to your order in the sum of \$87.50 for the fee and certified copies.

Thank you,

Kon Ramey

#### **COVER LETTER**

TO:	New Filing Section Division of Corporations				
SUBJ	JECT:	Y.CEL-	-TEVAS	, IN	$\mathcal{C}_{c}$
		(Name of corpo	oration - must inc	lude suffix)	)
Dear S	Sir or Madam:				
"Certi	nclosed "Application by For ficate of Existence," and ch ct business in Florida.				
_	return all correspondence of P. CALN, 7	72.		-	
		(Nan	ne of Person)	•	
<u> X</u>	CEL-IEYAS, &	24C			
8	CEL-TEYAS I 93 S COULD DALM BEACH,	(Firm	n/Company)		
P	PALM BEACH	FLORID	Address) A 330	180	
		(City/S	tate and Zip code	e)	
	rther information concernin				
TOE !	P. CAIN, TR.  (Name of Person)	at ( <u>'7</u>	13,400	8 81	50
	(Name of Person)	(A	rea Code & Day	time Teleph	none Number)
	STREET/COURIER AI New Filing Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301		N D P.	IAILING A ew Filing S ivision of C O. Box 632 allahassee, I	ection orporations 7
Enclos	sed is a check for the follow	ing amount:			
\$70		5 Filing Fee & ificate of Status	\$78.75 Fili Certified (		\$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.156 REIGN CORPORATION 1	O TRANSACT B	USINESS IN TH		
1.	X CEL-	IEYAS P.	HC.		
	orporation; must include "IN orp," "Inc," "Co," or "Corp."		"COMPANY,"	"CORPORATION,"	
(If name unavail	able in Florida, enter alternat	e corporate name a	dopted for the pur	pose of transacting but	siness in Florida)
2	IEUADA	3	88-	014286	
4. State or country	under the law of which it is in of incorporation)	ncorporated) 5	PER	El number, if applicable PETUM	le)
(Date	of incorporation)	$\sim$	(Duration: Year	corp. will cease to exis	t or "perpetual")
6.	200				
	(SEE SECTIONS 6	nsacted business in 107.1501 & 607.150	2. F.S., to determ	ine penalty liability)	
7. 893	S. COUNTY	Rd.	Pain R	CACH, FLOT	RIAN 3348
893	S. COUNTY  S. COUNTY	incipal office addre	Hun F	BEACH, FL	ORIAA 334
<del></del>	(Cı	irrent mailing addre	ess)	<u></u>	
8. ALL. LO	EGAL ACTIUME	<b>5</b> -			<b>0</b> E:
(Purpose(s	) of corporation authorized i	n home state or cou	intry to be carried	out in state of Florida)	OS MAR
9. Name and stree	et address of Florida regist	ered agent: (P.O.	Box NOT acce	ptable)	<b>5 x</b> 7
Name:	JOE P. CAIN,	JR.			
Office Address:	893 S. COU PARM BEACH		<u>{.</u>		of Sia
	HALM BEACH	FLA	, Florida	33480	727 Egg
	(City	)	(	Zip code)	<i>,,,</i>
Having been nam designated in this	gent's acceptance: ed as registered agent and application, I hereby acc omply with the provisions	ept\the appointm	ent as registerea	agent and agree to	act in this capacity. I
and I am familiar	with and accept the oblig	ations of my pos	ative to the propietion as registere	ed agent.	- Joi mance of my auttes
	(Registered :	agent's signature)			
the Department of	certificate of existence dul State, by the Secretary of hich it is incorporated.	y authenticated, r State or other off	ot more than 90 icial having cust	days prior to deliver ody of corporate rec	y of this application to ords in the jurisdiction

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: DE P. CAIN, JR.	
Address:893 S. County Rd.	
Address: 893 S. Courty Rd. PALIN BEACH, FLA 334	40
Vice Chairman:	
Address:	<b>3</b> #8
Director:	
Address:	
	27
Director:	
Address:	
n Operation	
B. OFFICERS  JOE P. CAIN, JR.	
Address: 893 S. County Rd.	
Address: PACH, FLA 3346	20
PACIN IN ACH, PER 1548	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attack an addendure to the application listing additional	officers and/or directors.
(/ \ \ \ ( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature of Director or Officer listed in number 12 of the appli	cation)
14. JOE P. CAIN, JR., PRESIDENT	
(Typed or printed name and capacity of person signing applica	tion)

SECRETARY OF STATE



DIVISION OF CONTUNATIONS

OR MAR -7 PM 4: 27

## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, XCEL-TEXAS, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 28, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 30, 2006.

DEAN HELLER

Secretary of State

Certification Clerk