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COVER LETTER

TO: New Filing Section ** Division of Corporations				
SUBJECT: OLO COMMERCIAL CORP.				
(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:				
BETSY PARENTI				
(Name of Person)				
FOWLER RODRIGUEZ & CHALOS				
(Firm/Company)				
806 DOUGLAS ROAD, SUITE 580				
(Address)				
CORAL GABLES, FL 33134				
(City/State and Zip code)				
For further information concerning this matter, please call:				
BETSY PARENTI at (786) 264-5343				
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: New Filing Section MAILING ADDRESS: New Filing 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 \$\sum \text{\$78.75 Filing Fee & Branch Certificate of Status}\$\$ Certified Copy Certificate of Status & Certified Copy				

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.

•	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting busing N/A	ness in Florida)
	under the law of which it is incorporated)	(FEI number, if applicable)
_{4.} JULY 4, 2	005	5. PERPETUAL	
	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
6. UPON RE	GISTRATION		
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
a P.O. BOX	•	RTOLA, BRITISH VIRGIN ISL	ANDS
7. <u></u>	(Principal office		
C/O 806 D	OUGLAS ROAD, SUITE	580, CORAL GABLES, FL 33	134
	(Current mailing	address)	
	SE OF REAL ESTATE PR	POPERTY	
	SE OF INDIVIDUAL TO THE PROPERTY OF THE PROPER	Of EIGH	
8. Purpose(s) of corporation authorized in home state	or country to be carried out in state of Florida)	
(Purpose(s	of corporation authorized in home state		06.≱ 3.€0
(Purpose(s	t address of Florida registered agent:	(P.O. Box NOT acceptable)	O6 MAR SECRET FALLAH
(Purpose(s	t address of Florida registered agent: REGISTERED AGENT CORPORAT	(P.O. Box <u>NOT</u> acceptable) <u>TE SERVICES</u> , INC.	FIL 06 MAR -9 SECRETARY FALLAHASSE
(Purpose(s 9. Name and stree Name:	t address of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable) <u>TE SERVICES</u> , INC.	-9 -9-11-1
(Purpose(s 9. Name and stree Name:	t address of Florida registered agent: REGISTERED AGENT CORPORAT	(P.O. Box NOT acceptable) IE SERVICES, INC. 580 , Florida 33134	-9 AM 8: -9 AM 8: ARY OF ST NSSEE, FLO
(Purpose(s	t address of Florida registered agent: REGISTERED AGENT CORPORAT 806 DOUGLAS ROAD, SUITE 5	(P.O. Box <u>NOT</u> acceptable) <u>TE SERVICES</u> , INC.	-9 AM ARY OF VSSEE, F

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: ___ Address: ___ Director: NORMA ICAZA Y CONTRERAS Address: 3201 N.E. 183 STREET, APT. 1402 AVENTURA, FL 33160 Director: Address: ___ **B. OFFICERS** President: NORMA ICAZA Y CONTRERAS Address: 3201 N.E. 183 STREET, APT. 1402 AVENTURA, FL 33160 Vice President: Address: _____ Secretary: MARIA NORMA BEJARANO ICAZA Address: 3201 N.E. 183 STREET, APT. 1402, AVENTURA, FL 33160 Treasurer: Address: ______ 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) NORMA ICAZA Y CONTRERAS

(Typed or printed name and capacity of person signing application)

