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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	WAIT	MAIL
<b>(</b> Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECULARY OF STATE



## **COVER LETTER**

TO: New Filing Section	No. 15					
Division of Corporations	選号					
SUBJECT:						
(Name of corporation - must include suffix)						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Flor "Certificate of Existence," and check are submitted to register the above referenced foreign corpor transact business in Florida.						
Please return all correspondence concerning this matter to the following:						
JOANNE Panizza, ES,						
(Name of Person)						
Law Offices of Joanne Fanizza, RA.						
Please return all correspondence concerning this matter to the following:  JOHNNE FANIZZA, ES,  (Name of Person)  LAW OFFICES OF JOHNNE FANIZZE, PA,  (Firm/Company)  1995 E. Cakland Park Blvd. Swite Z10  (Address)  FOR Lander dale FT 33306  (City/State and Zip code)						
(Address)						
+018 landerdale Fi 33306						
(City/State and Zip code)						
For further information concerning this matter, please call:						
Joanne Fanitza at (954, 565-5445 (Name of Person) (Area Code & Daytime Telephone Number)						
(Name of Person) (Area Code & Daytime Telephone Number)						
STREET/COURIER ADDRESS:  New Filing Section  Division of Corporations  MAILING ADDRESS:  New Filing Section  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 \\$78.75 Filing Fee & \$\sum \\$78.75 Filing Fee & Certificate of Status \$\sum \\$Certified Copy \$\sum \\$Certified Co	of Status &					

#### 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. Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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 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. DIRECTORS Chairman: Vice Chairman: \_\_\_\_ Address: \_\_\_ Director: Address: \_\_\_ Director: \_ Address: \_ B. OFFICERS President: \_\_\_\_\_ Address: \_\_\_\_ Vice President: Address: \_ Secretary: \_\_\_\_\_ 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) Brian C Kelley, D/P/S/(Typed or printed name and capacity of person signing application)

## SECRETARY OF STATE





## 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, **DYNASTIES OF ASIA**, **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 November 14, 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 March 3, 2006.

DEAN HELLER Secretary of State

Certification Clerk



## DYNASTIES OF ASIA, INC.

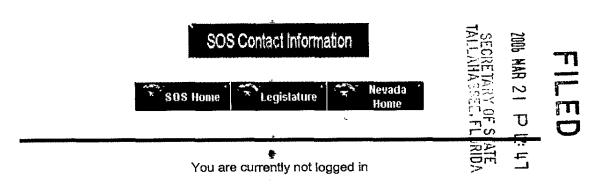
					PRI	
Business Entity	y Int	formation				
Stat	tus:	Active	File Date:		11/14/2005 8:05:17 AM	
Ту	/pe:	Domestic Corporation	Corp Number:		E0764322005-0	
Qualifying St	ate:	NV	List of Officers Due:		11/30/2006	
Managed	Ву:		Expiration [	Date:	te:	
Resident Agen	t inf	ormation	······································			
Nar	me:	ACORN CORPORATE SERVICES INC	Addre	ss 1:	3225 MCLEOD DR STE 11	
Addres	s 2:		City:		LAS VEGAS	
St	ate:	NV	Zip Gode:		89121	
Pho	ne:		Fax:		2006 TALL	
Em	nail:		Mailing Address 1:		CO E TO	
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View all business entitles under this resident agent					FLS IS	
Financial inform	mati	on	<u> </u>		RA L	
No Par Share Cou		0	Capital Amount:		\$ 100.00	
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Officers President - BRIA	NC	/EIIEV			Include Inactive Office	
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	LAS VEGAS		State: NV			
	8912		Country:			
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Secretary - BRIA	NCI	KELLEY				

Address 1:	3225 MCLEOD DR	Address 2:	STE 100				
City:	LAS VEGAS	State:	NV				
Zip Code:	89121	Country:					
Status:	Active	Email:					
Treasurer - BRIAN C KELLEY							
Address 1:	3225 MCLEOD DR	Address 2:	STE 100				
City:	LAS VEGAS	State:	NV				
Zip Code:	89121	Country:					
Status:	Active	Email:					
Director - BRIAN C KELLEY							
Address 1:	3225 MCLEOD DR	Address 2:	STE 100				
City:	LAS VEGAS	State:	NV				
Zip Code:	89121	Country:					
Status:	Active	Email:					

### **Actions\Amendments**

Click here to view 4 actions\amendments associated with this company





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