

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (305)672~0686 Phone

: (305)672-9110

FOREIGN PROFIT/NONPROFIT CORPORATION

Sam Lewis Ltd.

Certificate of Status	i
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sam Lewis 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:	
Norman Pasquier	
(Name of Person)	
Corporate Creations Network Inc.	
(Firm/Company)	
941 Fourth Street	
(Address) 空業 ù	
Miami Beach, FL 33139	
(City/State and Zip code)	
For further information concerning this matter, please call:	
Norman Pasquier at (305) 672-0688	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
409 E. Gaines St. P.O. Box 6327	
Tallahassee, FL 32399 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy 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.

tenter name of a	corporation; must include "INCORPORAT	ED.	" "COMPANY." "CORPORATION."	•
"Inc.," "Co.," "(Corp," "Inc," "Co," or "Corp.")			
Sam Lewis US		2710	adopted for the purpose of transacting business in Florida)	
Nevada	word her lording error arounded out potato ha			
	under the law of which it is incorporated)	_ 3.	(FEI number, if applicable)	•
March 24, 200	06		perpetual	
	e of incorporation)	٦,	(Duration: Year corp. will cease to exist or "perpetual")	•
	- ,		• • •	
	(Date first transacted busine	35 i	n Florida, if prior to registration)	•
			502, F.S., to determine penalty liability)	_
P.O. Box 1620	6, Plantation, FL 33318			Ĭ
	(Principal office	add	ress)	<u>g</u> g.
				U
P.O. Box 1620	6, Plantation, FL 33318			Į.
P.O. Box 1620	6, Plantation, FL 33318 (Current mailing	add	(cas)	5
	(Current mailing	add	—————————————————————————————————————	_
General Invest	(Current mailing ments			>
General Invest	(Current mailing			> > 7
General Invest	(Current mailing ments	or co	nuntry to be carried out in state of Florida)	> >
General Invest	(Current mailing ments s) of corporation authorized in home state of	or co	nuntry to be carried out in state of Florida)	> >
General invest (Purpose) Name and stre	(Current mailing ments s) of corporation authorized in home state of et address of Florida registered agent: (P.C	nuntry to be carried out in state of Florida)	> >
General invest (Purpose) . Name and stre	(Current mailing ments s) of corporation authorized in home state of et address of Florida registered agent: (Corporate Creations Network Inc.	P.C	nuntry to be carried out in state of Florida)	> >

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 hersby 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.

> Norman A Pasquier Assistant VP Corporate Creations (Registered agent's signature)

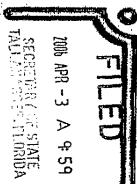
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

A. DIRECTORS
Chairman: Samuel B. Lewis
Address: P.O. Box 16206, Plantation, FL 33318
Vice Chairman:
Address:
Pa B
Director:
Address:
Director:
Address:
B. OFFICERS
President; Samuel B. Lawis
Address: P.O. Box 16206, Plantation, FL 39318
Vice President:
Address:
Compact D. Lauria
Secretary: Samuel B. Lawis
Address: P.O. Box 16206, Plantation, FL 93318
Treasurer: Samuel B. Lewis
Address: P.O. Box 16206, Plantation, FL 33318
NOTE: If necessary, you may attach an addentarn to the application listing additional officers and/or directors.
13. A Dennie
(Signature of Director of Officer listed in number 12 of the application)
Norman Pasquier as attorney in fact for: Samuel B. Lewis, President (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 Sccretary of State, at the date of this certificate, evidence, SAM LEWIS LTD., 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 March 24, 2006, 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 28, 2006.

DEAN HELLER Scoretary of State

Certification Clerk