F06000002181

(Re	equestor's Name)
(A.	11,
(Ac	idress)
(Ac	ddress)
	ty/State/Zip/Phone #)
PICK-UP	Wait Mail
В	usiness Entity Name)
(2)	Zonicoo Zinay Mario,
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
:	

Office Use Only



100068808671

04/04/06--01002--005 **87.50



06 APR -3 PH 2: 35 DIVISION OF CUNFCRATION



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: <u>eV</u>	PER. COM INC
(Name of corpo	oration - must include suffix)
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," It to register the above referenced foreign corporation to
Please return all correspondence concerning this m	natter to the following:
1/2/11.5	elbak
(Nar	ne of Person)
e V IPER	COM. INC.
(Firm	n/Company)
4630	South Kirkman Rd #820
	Address)
ORLAND	0, FL 328/1
(City/S	tate and Zip code)
For further information concerning this matter, ple	ase call:
Will Selbak at (8	rea Code & Daytime Telephone Number)
(Name of Person) (A	rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\ \tag{S78.75 Filing Fee & Certificate of Status}	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Corp." "Or "Corp.")
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
Commence of the second
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. State or country under the law of which it is incorporated) 3. 37-1232637 (FEI number, if applicable),
12 22 -
4. 12-27-05 (Date of incorporation) 5. Perpetua ("Buration: Year come will cease to exist or "bernehual")
(Date of incorporation) (Duration: Year cosp. will cease to exist or "perpetual")
6OPON QVALIFICATION
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
,
7. 3620 MAJON BLUD #229
(Principal office address) ORIANDC, F437819
(Principal office address) ORIANDC, F432819 1630 Soth Kirkman Rd 4000 (Current mailing address) ORIANDC, F432819
(Current mailing address) OR LAN'DO, FL 32811
Table 1/m - and in During a time
8. IDENTITY VENIFICATION: PUBLICATION
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
47:11 5016 4
Name: 4739
Office Address: 5620 MATOR BIVD HOOF
(City), Florida 32879
(City) (Zip code)
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
further agree to comply with the provisions of all statutes relative to the proper and complete performance by my and I am familiar with and accept the obligations of my position as registered agent.
and I um familiar than and accept the conference of my I
Will Selbar
(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: WILL SEZBAK	
Address: 5620 MAJOR D/Vd # 229	
- Orlando, FZ 32.8/9	
Vice Chairman: WILL SEZBAK	
Address:5620 MAJON BWd 228	
Orlando Fz 328/9	
Director: WILL Selbak	
Address: 5620 MATOR Blid # 229	
Orlando, FZ 328/9	
Director: WILL Selbak	
Address: 5620 MAJOR BlVd #229	
Orlando FL 32819	
B. OFFICERS	
President: W/LC 5528Ah	
Address: 5620 MAJOR Bld #229	
OHLANDO, FL 32819	
Vice President: WILL Selbak	
Address: 5620 MA JON Blud #229	
Orlando, 52 32819	_
Secretary: WILL Selbak	
Address: 5620 MA JOR Blud, OH ando, FL 32819	_
Treasurer: WILL 5e/bah	
Address: 56\$0 MATOR Blud = 229, Orlando, F1 3281	/ <u>(</u>
NOTE: 15	
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)	
14. WILL SELBAK	
(Typed or printed name and capacity of person signing application)	

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EVIPER.COM, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF APRIL, A.D. 2006.





Darriet Smith Windson, Secretary of State

AUTHENTICATION: 4646183

DATE: 04-05-06

4084634 8300

060313514