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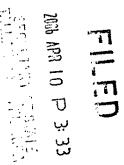
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: LJ Capital Group, Inc.				
(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:				
Shari Kolar				
(Name of Person)				
Profit Publishing Group				
(Firm/Company)	1			
1509 Green Mountain Drive	-			
(Address)	5			
Little Rock, AR 72211	ran Va			
(City/State and Zip code)				
For further information concerning this matter, please call:				
Shari Kolar at (501) 227-8233				
(Name of Person) (Area 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 \$78.75 Filing Fee & \$78.75 Filing Fee & 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.

1	(Enter name of co	al Group, Inc. orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")		
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)			
_{2.} Nevada _{3.} 20-2454719				
	(State or country t	under the law of which it is incorporated) (FEI number, if applicable)		
4	3-7-05	_{5.} Perpetual		
	(Date	of incorporation) (Duration: Year corp. will cease to exist or "perpetual")		
6	• <u></u>			
		(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7	1201 Hay	ys Street, Tallahassee, FL 32301		
′	·	(Principal office address)		
	1201 Hay	ys Street, Tallahassee, FL 32301		
		(Current mailing address)	-	
8	Any lawfi	ul purpose	71	
δ	(Purpose(s)) of corporation authorized in home state or country to be carried out in state of Florida)	فحيين	
9	. Name and street	et address of Florida registered agent: (P.O. Box NOT acceptable)		
	Name:	Linda Weathers		
c	Office Address:	1201 Hays Street		
Ī	11100 1 1001 4001			
		Tallahassee , Florida 32301 (Zip code)		
H d fi	laving been name lesignated in this d urther agree to co	gent's acceptance: ed as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity, omply with the provisions of all statutes relative to the proper and complete performance of my du with and accept the obligations of my position as registered agent.	1	
		(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: Linda Weathers			
Address: P.O. Box 28909			
Las Vegas, NV 89126			
Vice Chairman: Linda Weathers			
Address: P.O. Box 28909			
Las Vegas, NV 89126			
Director: Linda Weathers			
Address: P.O. Box 28909			
Las Vegas, NV 89126			
Director: Linda Weathers			
Address: P.O. Box 28909			
Las Vegas, NV 89126			
B. OFFICERS			
President: Linda Weathers			
Address: P.O. Box 28909			
Las Vegas, NV 89126			
Vice President: Linda Weathers			
Address: P.O. Box 28909			
Las Vegas, NV 89126			
Secretary: Linda Weathers			
Address: P.O. Box 28909 Las Vegas, NV 89126			
Treasurer: Linda Weathers			
Address: P.O. Box 28909 Las Vegas, NV 89126			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.			
13. Single Greatles, Treadent (Signature of Director or Officer listed in number 12 of the application)			
Linda Weathers, 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 Secretary of State, at the date of this certificate, evidence, LJ CAPITAL GROUP, 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 March 7, 2005, and is in good standing in this state.

hand and affixed the Great Seal of State, at my office on February 6, 2006.

Sean Heller, Secretary of State

Ву

Certification Clerk

IN WITNESS WHEREOF, I have hereunto set my