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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WAtional Hardwelfter Company Inc. (Name of corporation - must include suffix)
(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:
MARKFINSTON SO ST
(Name of Person)
(Firm/Company)
- 17876 Arler Greene Or Bar Signal
Tunya F1. 336A7 (City/State and Zip code)
(City/State and Zip code)
Par forther information accounting this work or all the second of the se
For further information concerning this matter, please call:
(Name of Person) at (F13 766 - 9662 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$\text{\$\subset\$ \$70.00 Filing Fee & Certificate of Status}\$\$ \$78.75 Filing Fee & Certificate of Status & Certified Copy\$\$ \$87.50 Filing Fee, 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 corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
•	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
	1
	(If name unavailable in Florida/enter alternate corporate name adopted for the purpose of transacting business in Florida)
	(If name unavailable in Florida fenter alternate corporate name adopted for the purpose of transacting business in Florida)
2.	6 winnutt 6A. 3. 20-1567122
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	9/2004 5.000
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	5/31/06
	(Date first transacted business in Florida, if prior to registration)
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.	(Principal office address)
	(Principal office address)
	17816 Arber Grane Or Truph F1. 33647
	(Current mailing address)
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0	Our British IN FI
δ.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
	(Purpose(s) of corporation authorized in notice state of country to be carried out in state of Florida)
9	Name and street address of Florida registered agent: (PT) Roy NUT acceptable)
	Name: Mark C Fins thin
C	Office Address: 1816 Mrbar Occase U
	Tampa, Florida 33697
	(7: anda)
	(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, 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:

Chairman;			
Address:			
Vice Chairman:	-		2 / 1 / E
Address:		<u></u>	·
Director:	-		<u> </u>
Address:		: <u></u>	
Director:		S APR	
Address:	<u>y</u>	20 PM	FILED
B. OFFICERS President: Work Finstern	1	<u>વ</u> છ છ 36	<u> </u>
Address: 178 H Arber Greene Dr toma Fl. 33647			
Vice President:			
Address:			
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or dire	ectors	S.	
(Signature of Director or Officer listed in number 12 of the application)			
14. Monx Finster Prising A (Typed or printed name and capacity of person signing application)			

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0451339 DATE INC/AUTH/FILED: 08/24/2004 JURISDICTION : GEORGIA : 04/15/2006 PRINT DATE

FORM NUMBER : 211

MARK FINSTEIN 17816 ARBOR GREENE DR TAMPA, FL 33647

CERTIFICATE OF EXISTENCE

State of Georgia, do hereby certify I, Cathy Cox, the Secretary of St under the seal of my office int date

is in compliance with the appl of Title 14 of the Official Cod registration provisions

ed above or was authorized to and has not filed articles of ther similar document with the Said entity was formed in transact business un Georgia on dissolution, certificate of cance Office of the Sec

the above-named entity ce of the above-named entity whether or not a notice of a statement of commencement This certificate relates as of the print date above intent to dissolve) an application document has been of winding up or any other filed or is pending with the Secretary of State

This information is issued and certified accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Secretary of State