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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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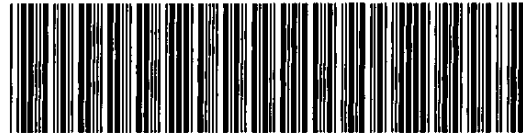
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2006 MAY 30 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch MAY 31 2006

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Thinkcreate, 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:

Justin Gosine

(Name of Person)

Thinkcreate, Inc.

(Firm/Company)

P.O. Box 451947

(Address)

Sunrise, FL 33345-1947

(City/State and Zip code)

For further information concerning this matter, please call:

Justin Gosine

(Name of Person)

at ( 954 ) 562-5228

(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 & Certificate of Status    ☐ \$78.75 Filing Fee & 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. Thinkcreate, Inc.**

(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)

**2. Trinidad**

(State or country under the law of which it is incorporated)

**3.**

(FEI number, if applicable)

**4. 8/22/2002**

(Date of incorporation)

**5.**

**perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. N/A**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. P.O. Box 451947, Sunrise, FL 33345-1947**

(Principal office address)

**P.O. Box 451947, Sunrise, FL 33345-1947**

(Current mailing address)

**8. Any and all business deemed legal in the state of Florida**

(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)**

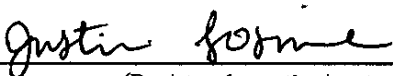
Name: **Justin Gosine**

Office Address: **10661 NW 17th Place**

**Plantation**, Florida **33322**  
(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.**

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Christian Lee

Address: P.O. Box 451947

Sunrise, FL 33345-1947

Director: Amanda Lee

Address: P.O. Box 451947

Sunrise, FL 33345-1947

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

**OFFICER** Justin Gosine

**Treasurer:** 10661 NW 17th Place, Plantation FL 33322

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Justin Gosine  
(Signature of Director or Officer listed in number 12 of the application)

14. Justin Gosine  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REPUBLIC OF TRINIDAD AND TOBAGO

**COPY**

Date Issued: 15th May, 2006

1094442

Computer ID No.

T 3678(95)

Company No.

THE COMPANIES ACT, 1995

**CERTIFICATE OF INCORPORATION**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THINKREATE LTD

*Name of Company*

I hereby certify that the above-mentioned Company, the Articles of Incorporation of which are attached, was incorporated under the Companies Act, 1995 of Trinidad and Tobago.



*Registrar of Companies*

22nd August, 2002

*Date of Incorporation*