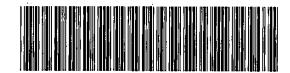
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Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Card Benefits, Inc.		
	ration - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to	
Please return all correspondence concerning this ma	atter to the following:	
Martin Toha		
(Nam	ne of Person)	
Card Benefits, Inc.		
(Firm	/Company)	
102 NE 2ND ST SUITE 381		
(/	Address)	
BOCA RATON FL 33432		
(City/St	ate and Zip code)	
For further information concerning this matter, plea	se call:	
Martin Toha at (56	1 ₁ 922-5959	
- · · · · · · · · · · · · · · · · · · ·	rea Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
New Filing Section Division of Corporations	New Filing Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	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 & \$87.50 Filing Fee, Certified Copy 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.

	orp." "Inc." "Co." or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in	n Florida)	
2. Nevada	3.			
(State or country	•			
4. 6/28/2006	5.	Perpetual (Duration: Year corp. will cease to exist or "perpetual")		
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "pe	rpetual")	
6. N/A				
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7, 102 NE 2N	ID ST SUITE 381 Boca Rate	on FL 33432		
	(Principal office add	ilress)		
Same as a				□
	(Current mailing address)		ر 9	135F 1335
8. Any and a	Il legal business/service.)6 JUL 3	무조
(Purpose(s	s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)		S
9. Name and stree). Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		PH 2:	
Name:	Martin Toha	· 	.: 25 ::	ATION
Office Address:	102 NE 2ND ST SUITE 38	1		(0
	Boca Raton	, Florida 33432 (Zip code)		
	(City)	(Zip code)		
Having been nam designated in this further agree to c	application, I hereby accept the appoint	vice of process for the above stated corporation ment us registered agent and ugree to act in relative to the proper and complete performa osition as registered ugent.	this capac	ity. I

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.

d agent's signature)

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

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	and the second s
Director:	
Address:	
Director: Martin Toha	06 NAIS SE
Address: 102 NE 2ND ST SUITE 381	E BE
BOCA RATON FL 33432	
B. OFFICERS	of Strong
President: Martin Toha	: 56
Address: 102 NE 2ND ST SUITE 381	
BOCA RATON FL 33432	
Vice President: Martin Toha	
Address: 102 NE 2ND ST SUITE 381	
BOCA RATON FL 33432	
Secretary: Martin Toha	
Address: 102 NE 2ND ST SUITE 381 Boca Raton FL 33432	
Treasurer: Martin Toha	44
Address: 102 NE 2ND ST SUITE 381 Boca Raton FL 33432	
NOTE: If necessary, you may attach an addendum to the application listing additional of	Ticers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)	tion)
(Signature of Director of Officer listed in number 12 of the applicat	non <i>j</i>
(Typed or printed name and capacity of person signing applicatio	on)

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, **CARD BENEFITS**, **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 June 28, 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 July 26, 2006.

DEAN HELLER Secretary of State

Ву

Certification Clerk

06 JUL 31 PM 2: 56