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COVER LETTER

TO: Registration Section Division of Corporations TO: Registration Section Division of Corporations			
SUBJECT: TyterNATIMAL ALLIANCE ASSOCIATE			
(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: SUSAN HAG ERTY			
Name of Person)			
1423 ORtega Ave MUR			
CORAL Cables 71, 33/34			
(City/State and Zip code)			
For further informatic Zoncerning this matter, please call:			
SUSAN Higerty 1646, 552 280/			
(Name of Perse (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:			
\$70.00 Filing Fee \$\Bigcup \text{\$78.75 Filing Fee & Certificate of Status} \Bigcup \text{\$78.75 Filing Fee & Certified Copy} \Bigcup \text{\$87.50 Filing Fee, Certificate of Status & Certified Copy} \end{array}			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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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. International Allience Associates Ltd. "Corporation," (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. <u>Deleware</u> 3 (3 490190
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.B. APRIL 1998 - 9AM 5. Perpelual
(Date of incorporation) (Duration: Year/corp. will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7 1423 ORTEGA AVENUE
CORAL GABLES, FloridA 331-354
(Current mailing address)
8. <u>COMSULTING</u> = 355
(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: PACLO LANCELLA CPA 1623
Office Address: 7/30 So. DAUELAWA OFFICE
M(AM), Florida 33/56-785/
(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.
X Palilo Lamella
(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	06 S		
Chairman: SUSAN HAG LATY	TO SEE		
Address: 1423 ORACAH THE	<u>م چين </u>		
ORAL GARJES, T.S. 33/34	4 088		
Vice Chairman: Thomas I than with	15 Outs		
Address: 734 Oleane Gen			
MILL brae CALIF 94030			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
President: 5USAN HAGERTY			
Address: 1423 ORtegA (AVR)			
CORAL GARDS FLBIGY			
Vice President: Momas Hagery			
Address: 734 CLEAR Field			
MILLERALICMIE 94030	· · · · · · · · · · · · · · · · · · ·		
Secretary: SUSAN HAGERTY			
Address:			
Treasurer: SUSAN HAGRAY			
Address:			
J			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or d	irectors.		
(Signature of Director or Officer listed in number 12 of the application)			
14. SUSAN IN HAGORY, Pres.			
(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 "INTERNATIONAL ALLIANCE ASSOCIATES LTD." 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 SEPTEMBER, A.D. 2006.

DE CED IN PM 3: 15



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060791520

Darriet Smith Windson

AUTHENTICATION: 5020273

DATE: 09-05-06