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TO: New Filing Section ATTN Division of Corporations	Tastin	
SUBJECT: Orange & BI (Name o	ue Investments Jac. of Corporation - must include suffix)	
Dear Sir or Madam:		
	ot for Profit Corporation for Authorization to C nce", and check are submitted to register the ab ffairs in Florida.	
Please return all correspondence concerni	ing this matter to the following:	
Sandy S. F	(Name of Person)	
•	Blue Investments One. (Firm/Company)	FI 06 DEC - SECK: 15. TALLAIIAS
12509 U.S	(Address) FL 32667 City/State and Zip Code)	FILED 06 DEC - 1 PH 12: 39 SECKLISKY 5: STATE TALLAHASSEE, FLORIDA
For further information concerning this m		Screen 1-800-508-1847 Please do not Number) que out-as Dom disabled.
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER New Filing Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle
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\$70.00 Filing Fee \$78.75 Filing Certificate of	of Status Certified Copy C	7.50 Filing Fee, ertificate of Status & ertified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Orange & Blue Investments, Inc. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Neveda (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08 09 2004 5. 07 31 107 (Duration: Year colp. will cease to exist or "perpetual")
6. 08/09/2006 * See reclical fiv "over de attacked" (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 101 Convention Center Dr. Stute 700, Las Vegas, UV 89109
12509 US 44) So Micanopy FL 32617 (Current mailing address)
8. I am disabled and want to have non-profit corp-?nane America for America (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) To help other american in u.S.
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Sandy S. Ficara
Office Address: 12509 45 441 50.
Micanon Florida 32607 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
8. I am disabled and want to have non-profit corp - ?name America for America (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sandy 5. Ficara Office Address: 125 D9 U5 441 So, Florida 32607 Florida 32607 Florida 32607 To City) 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.

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 addresses of officers and/or directors:

A. DIRECTORS

Chairman:	,	
Address:		
Vice Chairman:		
Address:		
Directors		,
Director:		
Address:		,
Director:		
Address:	<u>-</u> _:	
		80
B. OFFICERS	AHASS	- C
President: Dandy S. Ficara	<u> </u>	
President: Sandy S. Ficara Address: 101 Convention Center Dr. Suita 700		_ <u>\$</u> C
Las Vegas, NV 89109	- 22 	<u>د،</u>
Vice President:		
Address:		
Secretary: Sandy S. Ficara		
Secretary: Sandy S. Ficara Address: 101 Convention Center Dr. Suite 700, Los Vegas	NV_	89109
<u>~</u> :		
Address: 101 Convention Center Dr. Suite 700 Las Vegas, N	V 89	109
)		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and		ors.
13. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applica	ition)	
14. Sandy 5, Ficura President (Typed or printed name and capacity of person signing application)	<u> </u>	
(I yped of printed hame and capacity of person signing application)		





CORPORATE CHARTER

the chily elected and qualified Nevada Secretary of State, do hereby certify that the provided of the Secretary of State of the State of the State of the State of the State of Nevada, and further, that said Articles contain the previsions required by the law of said State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 9, 2006.

PEAN HELLER

Dean Hellen

Ву

Certification Clerk