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ALLAHASSEE, FLORIDA

COVER LETTER

New Filing Section Division of Corporations				
SUBJECT: Von Allmen Holdings, Inc.				
(Name of corporation - must include suffix)				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.				
Please return all correspondence concerning this matte	r to the following:			
Calista J. Vitale, Paralegal				
(Name o	f Person)			
Blumenfeld, Kaplan & Sandweiss, P.	C.			
(Firm/Co	ompany)			
168 North Meramec Avenue, Suite 4	00			
(Add	ress)			
St. Louis, Missouri 63105				
(City/State	and Zip code)			
For further information concerning this matter, please of	call:			
Philip G. Kaplan, Esq. at (314	, 863-0800			
(Name of Person) (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 \$\sqrt{\sq}}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
Nevada	2	88-0424528	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
04/01/199	99 5	Perpetual	
·	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
, N/A			
-		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
9 Isla Bah	ia Drive, Fort Lauderdale, Flo	orida 33316	
•	(Principal office add	lress)	
9 Isla Bah	nia Drive, Fort Lauderdale, Fl	orida 33316	
	(Current mailing add	fress)	
Any and A	All Lawful Business		
(Purpose(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	
. Name and stre	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	
Name:	NRAI Services, Inc.	APR 23 Suite 4	
ffice Address: 2731 Executive Park Drive, Suite 4			
	Weston		
	(City)	(Zip code)	

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.

See attached Consent of 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: A. DIRECTORS Chairman: Address: _ Director: Douglas J. Von Allmen Address: 9 Isla Bahia Drive Fort Lauderdale, Florida 33316 **B. OFFICERS** President: Douglas J. Von Allmen Address: 9 Isla Bahia Drive Fort Lauderdale, Florida 33316 Vice President: Address: Secretary: Linda Von Allmen Address: 9 Isla Bahia Drive, Fort Lauderdale, Florida 33316 Treasurer: Douglas J. Von Allmen Address: 9 Isla Bahia Drive, Fort Lauderdale, Florida 33316 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Philip G. Kaplan, Esq., Assistant Secretary

(Typed or printed name and capacity of person signing application)

Von Allmen Holdings, Inc.

Addendum to List of Officers

Assistant Secretary: Philip G. Kaplan, Esq.

168 North Meramec Avenue, Suite 400

St. Louis, Missouri 63105

CONSENT OF REGISTERED AGENT

RE:V	Von Allmen Holdings, Inc.		
	National Registered Agents,	Inc. hereby consents to serve as re	gistered
agent	t for the authorized corporation in the	e State of <u>Florida</u> .	
Dated	d: April 13, 2007		
		National Registered Agents, I/c.	•

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, **VON ALLMEN HOLDINGS, 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 April 1, 1999, and is in good standing in this state.

STAL OF THE STATE OF THE STATE

Electronic Certificate
Certificate Number: C20070420-1455
You may verify this electronic certificate
online at http://secretaryofstate.biz/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 20, 2007.

ROSS MILLER Secretary of State