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SECRETARY OF STATE TALLAHASSEE. FLORIDA

2007 HAY 31 PH 1.

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 6491 VENTURES GROUP Inc DBA (Name of corporation - must include suffix	HEBEY LAWDSCA
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Trans "Certificate of Existence", and check are submitted to register the above refer transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
JEAN Mc DANFC (Name of Person)	
(Name of Person)	
ABBEL LAND SCAPES, INC. (Firm/Company)	
(Firm/Company)	
33525 CLINTON AV (Address) DADE CTY F-L 33525 (City/State and Zip code)	
(Address)	
DADE CTU 1-L 33525	
(City/State and Zip code)	
For further information concerning this matter, please call: TEAN MODANIEL at (352) 567-6 (Name of Person) (Area Code & Daytime Telep	364 Ohone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: MAILING ADDRE Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 3239	SS: tions
-	1 200 50 500 5
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & Certificate of Status ☐ 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. CH91 VENTURES GROUP TAX: (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. VEVADA (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12-9-2004 5. PERITUAL (Duration) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 36244 CLINTON AV DADE CITY FL 33525 (Principal office address)
(Principal office address)
7.0. Boy 22083 PADE COTY 1-1 33525
Principal office address) P. O. Boy 22063 PADE CITY FL 33525 (Current mailing address)
8. BUSINESS FUTERPRISE PER S
(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 or Mail Drop Box NOT acceptable)
Name: 36244 JEAN McDANIEN TES 3 17
Office Address: 3/0244) ADE CIEN CLIMION NV
DADE Cry FL, Florida 33525 (City) (Zip code)
(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.

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.

(Registered agent's signature)

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

A. DIRECTORS Chairman: __ Address: Vice Chairman: Address: ___ Director: ___ Address: Director: ___ Address: __ **B. OFFICERS** President: _ Address: Vice President: __ Address: ___ Treasurer: __ Address: ____ 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) JEAN

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

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, 6491 VENTURES GROUP, 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 December 9, 2004, 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 May 21, 2007.

By