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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

T. Burch JUN 0 4 2007

#### **COVER LETTER**

	w Filing So vision of C	ection orporations				
SUBJECT	r: E	Im Ave	Inc.			
502020			(Name of corpo	oration - must	include suffix	)
Dear Sir or	Madam:					
	e of Exister	nce," and che				act Business in Florida," enced foreign corporation to
Please retu	rn all corre	spondence co	oncerning this m	atter to the fo	ollowing:	
Phil	Tro	villo				
			(Nar	ne of Person)		-
Elv	n Ave,	Inc.				
				n/Company)		
35	50 S	.E. 25	ith Au.			
			(	Address)		
00	ala, F	=1, 34	471			
•			(City/S	tate and Zip of	code)	
For further	informatio	on concerning	this matter, ple	ase call:		,
Phil	Trovi	i ((o	at ( 3	52 ) 36	8-6715	. 1*
(N	lame of Pe	rson)	(A	rea Code & I	Daytime Telep	hone Number)
Ne Di Cli 26	ew Filing S vision of C ifton Build	orporations ing ve Center Cir			MAILING A New Filing S Division of G P.O. Box 63 Tallahassee,	Section Corporations 27
Enclosed is	s a check fo	or the followi	ng amount:			
<b>∑</b> \$70.00 F	Filing Fee		Filing Fee & ficate of Status		Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



May 25, 2007

PHIL TROVILLE 3500 SE 25TH AVE OCALA, FL 34471

SUBJECT: ELMAVE INC. Ref. Number: W07000025303

We have received your document for ELMAVE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Document Specialist

Letter Number: 407A00036567

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(State or country under the law of which it is incorporated)  (FEI number, if applicable)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 3550 S.E. 25 <sup>th</sup> Ave. Ocala, Fl. 3447/  (Principal office address)  3550 S.E. 25 <sup>th</sup> Ave. Ocala, Fl. 3447/  (Current mailing address)  8. Investments  (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: Phil Trovillo		WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO SEEIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
(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. Delawaye (State or country under the law of which it is incorporated)  4. (I/21/03) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 3550 S.E. 25 <sup>th</sup> Ave. Ocala, Fl. 34471 (Principal office address)  8. Investment f (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: Phil Travillo  Office Address: 3550 S.E. 25 <sup>th</sup> Ave.  Ocala, Fl. 34471 (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 dutles, and I am famillar with and accept the obligations of my position as registered agent.  Characteristics of the complete performance of my dutles, and I am famillar with and accept the obligations of my position as registered agent.	, Elm Av	e Inc.	<b>E</b> :
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2. Delaware (State or country under the law of which it is incorporated)  4. 1/21/03 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 3550 S.E. 25 <sup>th</sup> Ave, Ocala, Fl. 3447 / (Principal office address)  3550 S.E. 25 <sup>th</sup> Ave, Ocala, Fl. 3447 / (Current mailing address)  8. Investment 5 (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: Phil Trovillo  Office Address: 3550 S.E. 25 <sup>th</sup> Ave.  Ocala, Fl, 3447   (City)  (City)  Toroida  (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.  Auxillary	(Enter name of co	prporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	Ÿ
(State or country under the law of which it is incorporated)  4. 11/21/03	(If name unavaila	ble in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	=
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· · · · · · · · · · · · · · · · · · ·	Having been name designated in this c further agree to co	ed as registered agent and to accept service of process for the above stated corporation at the papplication, I hereby accept the appointment as registered agent and agree to act in this capac Comply with the provisions of all statutes relative to the proper and complete performance of my	city. 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.

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

Phil

A. DIRECTORS	
Chairman: Phil Trovillo	_
Address: 3550 S.E. 25th Ave., Ocala, F1. 34471	_
	_
Vice Chairman: Anne Trovillo	-
Address: 3550 S.E. 25th Ave., Ocala, Fl. 34471	
	_
Director:	-
Address:	-
A S	_
Director:	_
Address:	Ē
	ר
B. OFFICERS	
President: Phil Trovillo	-
Address: 3550 S.E. 25 Ave., Ocala, Fl. 34471	-
	-
Vice President: Anne Travillo	-
Address: 3550 S.E. 25th Ave., Ocala, Fl. 34471	-
A	-
Secretary: Anne Trovillo	-
Address: 3550 S.E. 25th Ave., Ocala, F1. 3447/	-
Treasurer: Phil Trovillo  Address: 3550 S.E. 25 <sup>M</sup> Ave, Ocala, Fl. 3447	-
Address: 3550 S.E. 25" Ave, Ocala, +1. 3441	-
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. Phil Froullo Chairman President	_

Trovillo Chairman Presiden (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 "ELMAVE INC." 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 FIFTEENTH DAY OF MAY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

SECRETARY OF STATE
TALL AHASSEE ELOPIDA



3730851 8300

070518920

Darriet Smile Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5677050

DATE: 05-15-07