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| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| 2007, 257W | | | | | | |

Office Use Only



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SECRETARY OF STATE

COVER LETTER

| TO: New Filing Section Division of Corporations | | | |
|--|---|--|--|
| SUBJECT: Hypoluxo Administrat | ors, Inc. | | |
| | ration - must include suffix) | | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida. | for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to | | |
| Please return all correspondence concerning this m | atter to the following: | | |
| Jonathon R. Moore | | | |
| (Nam | ne of Person) | | |
| Moore & Bruce, LLP | | | |
| (Firm | n/Company) | | |
| 1072 Thomas Jefferson St. NV | V | | |
| (4 | Address) | | |
| Washington, DC 20007 | | | |
| (City/St | ate and Zip code) | | |
| For further information concerning this matter, please Jonathon R. Moore at (20 | | | |
| at (| rea Code & Daytime Telephone Number) | | |
| (************************************** | ta coas a Dayante reteptione (vanioer) | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| New Filing Section | New Filing Section | | |
| Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 | | | |
| 2661 Executive Center Circle | | | |
| Tallahassee, FL 32301 | 1 and 100000, 1 D 52517 | | |
| Enclosed is a check for the following amount: | | | |
| \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy | | |



May 30, 2007

JONATHON R. MOORE 1072 THOMAS JEFFERSON ST NW WASHINGTON, DC 20007

SUBJECT: HYPOLUXO ADMINISTRATION, INC.

Ref. Number: W07000025764

We have received your document for HYPOLUXO ADMINISTRATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 807A00037178

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.

| | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | |
|---|---|---|--|--|--------------------------|-------|
| (If name unavail | able in Florida, enter alternate corporate na | | | usiness in Flo | orida) | |
| Delaware | | _ 3. | 20-8871324 | | | |
| • | under the law of which it is incorporated) | | (FEI number, if applical | ble) | | |
| April 17, | | 5. | Perpetual | | | |
| (Date | of incorporation) | | (Duration: Year corp. will cease to exi | st or "perpet | ual") | |
| | | | | | | |
| | | | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | | | |
| 1072 Tho | omas Jefferson Street, I | | • ' ' | 007 | | |
| | (Principal office | | | | | |
| 1072 Tho | omas Jefferson Street, I | N۷ | V: Washington, DC 20 | 007 | | |
| | perty holding s) of corporation authorized in home state of | OF CC | souther to be comind out in state of Florid | ···· | | |
| | et address of Florida registered agent: | | • | TALL SEC | 07 J | |
| | • | | • | SECHEI TALLAH/ | 07 奶料 | |
| Name and stree | et address of Florida registered agent: | | • | SECHETAH / TALLAHASSE | 07 JUN 25 | 1 100 |
| Name and stree | Russell Gain 409 N. Atlantic Dr. | | D. Box NOT acceptable) | SECHETAH / OF TALLAHASSEE. F | 25 | |
| Name and stree | et address of Florida registered agent: Russell Gain | | • | SECHETAH / OF STA TALLAHASSEE, FLOR | 25 | - 70 |
| Name and streen Name: ffice Address: | Russell Gain 409 N. Atlantic Dr. Hypoluxo Island (City) | | D. Box <u>NOT</u> acceptable) | SECHETAH / OF STATE TALLAHASSEE, FLORIDA | | |
| 9. Name and streen Name: Office Address: 10. Registered a Having been name designated in this | Russell Gain 409 N. Atlantic Dr. Hypoluxo Island | (P.C | D. Box NOT acceptable) , Florida 33462 (Zip code) ice of process for the above stated coment as registered agent and agree to | SECHETAL (OF STATE TALLAHASSEE, FLORIDA apporation a pact in this | 25 ## : 05 t the place | ţ |

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: Russell Gain | | |
|---|--|-----|
| Address: 409 N. Atlantic Dr., Hypoluxo Island, FL 3346 | 2 TALL | |
| | AHAS 2 | 77. |
| Vice Chairman: | The state of the s | |
| Address: | H 50 111 | |
| | O:: AIDA | • |
| Director: | | |
| Address: | | |
| | | |
| Director: | | |
| Address: | | |
| President: Russell Gain Address: 409 N. Atlantic Dr., Hypoluxo Island, FL 3346 | 62 | |
| Vice President: | | |
| Address: | | |
| Secretary: Charles M. Bruce | | |
| Secretary: Charles M. Bruce Address: 1072 Thomas Jefferson Street, NW; Washing | gton, DC 20007 | |
| Treasurer: | | |
| Address: | | |
| NOTE: If necessary, you may attach an addendum to the application listing addition. | nal officers and/or directors. | |
| (Signature of Director or Officer listed in number 12 of the ap | plication) | |
| Russell Gain, Chairman & President | | |

(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 "HYPOLUXO ADMINISTRATORS, 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 EIGHTH DAY OF JUNE, A.D. 2007.





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Darriet Smile Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5743358

DATE: 06-08-07