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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	- 10
(City/State/Zip/Phone	e #)
PICK-UP WAIT	MAIL
(Business Entity Nar	ne)
(Document Number)	
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Contillad Coning Contillants	a of Chahua
Certified Copies Certificates	s of Status
Special Instructions to Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FI ORIO

MRD/08

COVER LETTER

OT,	New Filing Section Division of Corpora	ations	Aeden	TARS,	INC.	<u> </u> 28	A ₁
SUBJ	ЕСТ: <u> </u>	al Rocki	iters	0/	SpRUCE	Cree	. 4
		(Nan	ne of corpo	ration -	must includ	e suffix)
Dear S	ir or Madam:						
"Certif		and check are					nct Business in Florida," nced foreign corporation to
Please	return all correspond	ence concer	ning this ma	atter to	the followin	g:	
	Homa	ad E. 1	MARS V	Te.			•
		ad E. 1	(Nam	ne of Per	rson)		
		nars,	(Firm	ı/Compa	an <u>y</u>)		
	1824	Summ	na Ge	Cess	Deir	•	
			(2	Address)	· •	
	1824 Port	ORANG.	e, 7	7.	321	28	
			(City/St	ate and	Zip code)		
For fur	ther information con						•
	Howard M (Name of Person)	ARS	at (3	86)	767	- 82	266
	(Name of Person)		(A	rea Cod	le & Daytim	e Telepl	hone Number)
٠	STREET/COURING New Filing Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	ations	SS:		New Divis P.O.	Filing Stion of C Box 632	Corporations
Enclos	ed is a check for the	following an	ount:				
X]\$70.	.00 Filing Fee	\$78.75 Filin Certificate	_		8.75 Filing ertified Cop		\$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. ARdE	MARS. INC.			- - ·,	—		
(Enter name of co	rporation; must include rp," "Inc," "Co," or "Co		TED," "COM	PANY," "COR	PORATION,"	_	
(If name unavaila	ble in Florida, enter alte	rnate corporate	name adopted	for the purpose of	of transacting b	usiness in F	lorida)
2. Dela	Ware, USA	1	3.	20-21	2 - 784	/	
(State or country u	ware, USA	is incorporated	d)	(FEI nur	nber, if applical	ble)	
<u> </u>	06/05		5.				
(Date	of incorporation)		(Durati	on: Year corp. v	will cease to exi	st or "perpe	etual")
6	JANUARY 31	2008					
	(Date first (SEE SECTION	IS 607.1501 &	607.1502, F.S.,	, to determine pe	malty liability)		
7. 1824	t Summer	GREEN	DRIVE	Port	DRANGE	71	32128
		(Principal office	ce address)				
		as abore					
		(Current mailir	ng address)				
						. 1	
8 <i>2</i>	executive Reco	utnen	pn (pn	manent p	lacement	<u>/</u>	
(Purpose(s)	of corporation authoriz	ed in home stati	e or country to	be carried out in	state of Florida	a)	
9. Name and street	address of Florida re	gistered agent:	: (P.O. Box 1	NOT acceptable	e) ·	75 T	O
'Name:	HOWARD E	MARS	Je.		•	ECR	2
Office Address:	1824 S. Poet Onn	u.mmeR	GREEN .	Deive		HASS	5
	Poet Onn	vge	, F	lorida 37	128	14.0°	3 11
	(0	City)		(Zip co	ode)	FLO	
10. Registered ag	ent's acceptance:					36	4
Having been name	d as registered agent						
designated in this	application, I hereby a mply with the provisi	accept the app	pointment as i	registered agen o the proper as	it and agree to nd complete n	o act in thi. erformanc	s capacity. I e of my duties.
	mpty with the provision with and accept the o					er jor mane	c of my manico,
•	-		-				
	./ -			-			
	floward.	5. Mi	no fr.			_	
	(Register	ed agent's sign	ature)				

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.

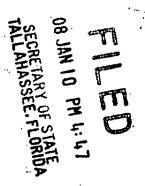
12. Names and business addresses of officers	and/or directors:				
A. DIRECTORS					
Chairman:					
Address					
				· · · · · · · · · · · · · · · · · · ·	
Vice Chairman:					
Address:	,				
 					
Director:	 				
Address:		-			<u> </u>
Director:					
Address:					
	· · · · · · · · · · · · · · · · · · ·				· · · · · ·
B. OFFICERS					
President: Howard E. MA Address: 1824 Summer	RS VR.	λ -	7 / 1.1		22126
Address: 1824 Summer	bleen	DIV	Pont ORAN	190 76	32/28
Vice President:					
Address:					
Addition.			•		·····
Secretary:					
Address:					·····
Treasurer:					<u>.</u>
Address:					
	= -				
NOTE: If necessary, you may attach an adde	\sim	ication listing a	additional officers	and/or directors	
13. Howard f. Ma (Signature of Director		n number 12 of	the application)		<u></u>
(Signature of Director					

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARDEMARS 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 THIRD DAY OF JANUARY, A.D. 2008.



3908714 8300

080003622 You may verify this certificate online at corp.delaware.gov/authver.shtml

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6280099

DATE: 01-03-08