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Office Use Only



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COVER LETTER

TO: New Filing S Division of	Section Corporations	·	
SUBJECT:	Business Va	lues Online	.Inc.
	(Name of corp	oration - must include suffix	x)
Dear Sir or Madam:			
	ication by Foreign Corporatio ence," and check are submitte Florida.		
Please return all corr	respondence concerning this r	natter to the following:	
_4	Dundo Ha	nne L	
	(Na	me of Person)	
i	Ginda Hai Na Business Va	lues Online	Inc.
	(1.11)	iii. Company)	
	684 S. His	Shway 1700 (Address)	92
		Address)	,
	9000000	sd, 72 32	(7(7)
	(City/s	State and Zip code)	(730
	` •	• /	
For further informati	on concerning this matter, ple	ease call:	
er de	11	272.05	212
(Name of Person) at (321) 377-0580 (Area Code & Daytime Telephone Number)			
(Name of 1	(2	vica code & Daytime Telep	none (vuinber)
STRFFT/C	OURIER ADDRESS:	MAILING A	A DDDFCC.
New Filing S		New Filing S	
Division of (•	Division of C	_
Clifton Build	ling ive Center Circle	P.O. Box 632 Tallahassee,	
Tallahassee,		i alialiassee,	FL 32314
Enclosed is a check f	for the following amount:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

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. (En	Business Values Online Tinc. ter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," c.," "Co.," "Corp," "Inc," "Co," or "Corp.")
·	name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) De aware 3. te or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7	(Principal office address)
	(Principal office address) (Principal office address) 16192 Costal Highway Lewes DE 19958-5776 (Current mailing address)
8	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Nai	me and street address of Florida registered agent: (P.O. Box NOT acceptable)
	Name: Sinda Harper
Office	Address: 684 S. Highway 17-92 Longwood, Florida 32750
	(City) (Zip code)
Havin design furthe	egistered agent's acceptance: g been named as registered agent and to accept service of process for the above stated corporation at the place ated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I r agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, am familiar with and accept the obligations of my position as registered agent.
	(Basistandar Water)
	(Registered age nt's s ignature)

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:	TAGE 8	
	AET N	
Director:	2 7	
Address:	7 3 5	
	कुन अ	
Director:		
Address:		
B. OFFICERS		
President: Dennifer Corriea		
1284 & Hickory 17-92		
Longwood 70 32750		
Vice President: Sinda Harper		
Address: 684 S. Highway 17-92		
Longwood 70 32750		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.	
13. (Signature of Director or Officer listed in number 12 of the application)	
14. Jend Street instantion 12 of the approach	9	
(Typed or printed name and capacity of person signing application)	,	

Delaware

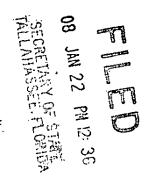
PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUSINESS VALUES ONLINE, 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 NINTH DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUSINESS VALUES ONLINE, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



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Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 6296444

DATE: 01-09-08

Darriet Smith Hindren

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