(Re	equestor's Name)			
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· · · COVER LETTER

TO:	New Filing S Division of C			
orm i		umer Alliance USA	. Inc.	
SOR	ECI: Gono	(Name of Corpor	ration - must include suffix)
Dear S	Sir or Madam:			
Affair	s in Flo rida", "C	ertificate of Existence", and	d check are submitted to reg	
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida. Please return all correspondence concerning this matter to the following: Mark Kuhls (Name of Person) Consumer Alliance USA (Firm/Company) 7 East Gregory Boulevard (Address) Kansas City, Missouri 64114 (City/State and Zip Code) For further information concerning this matter, please call:				
Ma	ark Kuhls			
		(Name	e of Person)	
	Con	sumer Alliance US	SA	
				
	7 Ea	st Gregory Boulev	ard	
				· · ·
	Kans	as City Missouri 6	34114	
		₽ *		
For fu	rther information	concerning this matter, pl	ease call:	
Mar	k Kuhls	a	816 822-761 (Area Code & Daytime	0
	(Name	e of Person)	(Area Code & Daytime	Telephone Number)
	MAILING AI New Filing Se		STREET/C New Filing	COURIER ADDRESS: Section
Division of Corporations			Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle	
	•		Tallahassee	, FL 32301
Enclos	sed is a check for	r the following amount:		
\$7 0	.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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

	er Alliance USA, li			
import in langu	age as will clearly indicate the	I "INCORPORATED" or "CORPORATION" or wat it is a corporation instead of a natural person or promay not be used as a corporate suffix by a nonprofit	partnership if not so containe	ed
_{2.} Missouri		₃ 43-1891188		
(State or cou	ntry under the law of which it	3. 43-1891188 (FEI number, if a	applicable)	-
4 March 31	1, 2000	_{5.} Perpetual		
(1	Date of Incorporation)	(Duration: Year corp. will cea	ise to exist or "perpetual")	•
6. N/A				
(Date first cond	lucted affairs in Florida if prior	to registration. See sections 617.1501 & 617.1502, F	.S, to determine penalty liabil	lity.)
₇ 7 East G	regory Boulevard.	Kansas City, MO 64114		
/. <u></u>	,,	(Principal office address)		-
0				
Same		(Current mailing address)		
		(Current maning address)		
Drovidina		to goods consists and handle	_	••
8. Providing	corporation authorized in hon	s to goods, services and benefit ne state or country to be carried out in the state of F	ठ राज्यकः हिरु 🖼	-
(i urpose(s) or	corporation additionized in non	ine state of country to be carried out in the state of r		
9. Name and str	eet address of Florida regis	stered agent: (P.O. Box NOT acceptable)	SECRET ALLAHA	
			TAS AS	\$ 100 dist.
Name:	NRAI Services, In	C.	−3 ARY VSSEI	£13200
	0704 5 4 5	No. 4 (D. 1) - 0 (16 - 4	E.F.	Carre
Office Address:	2731 Executive P	'ark Drive, Suite 4	PH 3: 12 If STATE .florid,	
	Weston	30006	12 NO.	
	(City	Florida 30096	ip Code)	
	City) (Zi	p code)	
10. Registered	l agent's acceptance:			
Having been no designated in the	imed as registered agent ai uis annlication. I hereby ac	nd to accept service of process for the above s cept the appointment as registered agent and	tated corporation at the page of the page of the page of the page of the second of the page of the pag	place city I
further agree to	comply with the provision	is of all statutes relative to the proper and con	nplete performance of my	y duties
and I am famili	ar with and accept the obli	lgations of my position as registered agent.		
	(M . (· 		
	I M. M			
		(Registered agent's signature)	74911	
11 Attached in		uly authenticated, not more than 90 days prior		tion to
the Departn	nent of State, by the Secreta	ary of State or other official having custody of	corporate records in the	mon to

jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: A. DIRECTORS Chairman: Mark Kuhls Address: 7 East Gregory Boulevard Kansas City, Missouri 64114 Vice Chairman: Scott Intravia Address: 2023 Ridge Road, Suite 2SW Homewood, Illinois 60430 Director: Mark Kuhls Address: Same as above Director: Scott Intravia Address: Same as above B. OFFICERS President: Mark Kuhls Address: Same as above Vice President: Scott Intravia Address: Same as above Secretary: Mark Kuhls Address: Same as above Treasurer: Scott Intravia Address: Same as above NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

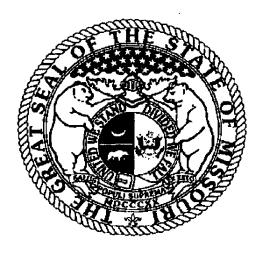
CONSUMER ALLIANCE USA N00063806

was created under the laws of this State on the 31st day of March, 2000, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 27th day of May, 2008

in Camahan

Secretary of State



Certification Number: 10775771-4 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification