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June 25, 2008

SAMUEL FRIEDMAN 1317 SE 2ND STREET CAPE CORAL, FL 33990

SUBJECT: LION STAR OF DAVID - ANARIZONA CORPORATION SOLE

Ref. Number: W08000030720

We have received your document for LION STAR OF DAVID - ANARIZONA CORPORATION SOLE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Are your sure you want to corporate to also have an-arizona corporateion sole as the corporate name?,

Please return the corrected original and one copy of 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) 245-6955.

Suzanne Hawkes Regulatory Specialist II New Filing Section

Letter Number: 908A00038368

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: LION STAR OF DAVID (Name of Corporation – must include suffix)
Dear Sir or Madam:
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:
SAMUEL FRIEDMAN (Name of Person)
LION STAR OF DAVID (Firm/Company)
% 1317 SE 2ND STREET
(Address)
CAPE Cormu, Florida Jaggo J (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (863) 902-0662 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\frac{1}{2}\$\$ \$78.75 Filing Fee & \$\frac{1}{2}\$\$ \$78.75 Filing Fee & \$\frac{1}{2}\$\$ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate Of Status & Certified Copy

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:

1. LION SIAT OF DAVID - ANHRID	ZONA CorporATION SOLE PORATED" or "CORPORATION" or words or	
(Name of corporation: must include the word "TNCORI import in language as will clearly indicate that it is a co in the name at present. "Company" or "Co." may not be	rporation instead of a natural person or partner	ship if not so contained
•		
2. ARIZONA (State or country under the law of which it is incorporate)	orated) (FEI number, if applica	ible)
4. <u>6-17-2004</u> (Date of Incorporation)	S. PERPETUAL	
(Date of Incorporation)	(Duration: Year corp. will cease to e	xist or "perpetual")
6. NoT AS VET (Date first conducted affairs in Florida if prior to registrate)		
7. % 1317 SE 2ND STRE	ET CASE COYAL, FlorIDA incipal office address)	[33990]
1. 40 1317 SE 2ND STREET (PT	IPE CorAL, Flok DA [339]	967
·	,	
8. CHARITY (Purpose(s) of corporation authorized in home state or	country to be carried out in the state of Florida)
9. Name and street address of Florida registered age		
	ent: (P.O. Box <u>NOT</u> acceptable)	8 8
Name: GENE CIPTIANO	ent: (P.O. Box <u>NOT</u> acceptable)	
Name: GENE CIPTIANO	ent: (P.O. Box <u>NOT</u> acceptable)	GO JUN 25
Name: GENE CIPTIANO	ent: (P.O. Box <u>NOT</u> acceptable)	88 Jun 25 Pi
9. Name and street address of Florida registered age Name: GENE CIPTIANO Office Address: 300 E. DEL. MONTE L. (City) 10. Registered agent's acceptance:	ent: (P.O. Box <u>NOT</u> acceptable)	1 1 25 PH 12:
Name: <u>GENE CIPTIANO</u> Office Address: No. 200 E. DEL. MONTE L. (City) 10. Registered agent's acceptance: Having been named as registered agent and to acc.	ent: (P.O. Box <u>NOT</u> acceptable)	corporation at the place
Name: <u>GENE CIPTIANO</u> Office Address: No. 200 E. DEL. MONTE L. (City) 10. Registered agent's acceptance:	ent: (P.O. Box <u>NOT</u> acceptable) ———————————————————————————————————	corporation of the place to act in this capacity.
Name: <u>CENE CIPTIANO</u> Office Address: <u>JOOEE. DEL. MONTE L</u> <u>(City)</u> 10. Registered agent's acceptance: Having been named as registered agent and to acceptance in this application, I hereby accept the further agree to comply with the provisions of all s	ent: (P.O. Box <u>NOT</u> acceptable) ———————————————————————————————————	corporation of the place to act in this capacity.
Name: <u>CENE CIPTIANO</u> Office Address: <u>JOOEE. DEL. MONTE L</u> <u>(City)</u> 10. Registered agent's acceptance: Having been named as registered agent and to acceptance in this application, I hereby accept the further agree to comply with the provisions of all s	ent: (P.O. Box NOT acceptable) JUE , Florida 33440 (Zip Code) ept service of process for the above stated appointment as registered agent and agree tatutes relative to the proper and complete eations of my position as registered agent.	corporation of the place to act in this capacity.

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.

2. Names and addresses of officers and/or directors:
. DIRECTORS
hairman:
ddress:
ice Chairman:
ddress:
irector:
ddress:
ddress: 1000 E. DELMONTE AVE.
CLEWISTON, PhorioA, 33440
resident: SAMUEL FRIEDMAN, OVEKSEER
ddress: 1317 SE 2NU ST.
CAPE COURL, FLOYIDA I 33990 I
ddress:
ecretary: DONNA FRIEDMAN ddress: % 1317 SE. 2ND ST CAPE COLA L FLA. [33990]
reasurer:
ddress:
OTE: 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)
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 4. LINDA CIPTIANO DIRECTOR (Typed or printed name and capacity of person signing application)





Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greating:

I, Brian C. McNeil, Executive Director of the Arizona Corporation Commission, do heraby certify that

LION STAR OF DAVID

a corporate sole organised under the laws of the State of Arizona, did incorporate on June 17, 2004.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Nonprofit Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-3122, 10-3123, 10-3125, & 10-11622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 23rd Day of June, 2008, A. D.

Executive Director

By 13