

FO8000003907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

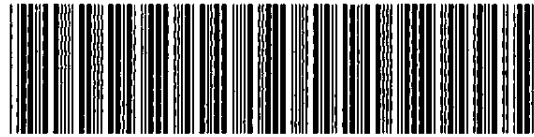
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2008 SEP -8 PM 2:57

J. Shivers SEP 08 2008

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sanchin Systems Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT DEARMAN
(Name of Person)
SANCHIN SYSTEMS INC
(Firm/Company)
PO BOX 476
(Address)
Leesie MI 49251
(City/State and Zip code)

For further information concerning this matter, please call:

ROBERT DEARMAN at (517) 589-8256
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FL

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check 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 & 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. SANCHIN Systems, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MICHIGAN 3. 38 251 4294
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/8/1984 5. 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. 3700 W. TERRITORIAL RD RIVES TCT. MI 49277
(Principal office address)

PO BOX 476 LESLIE MI 49251
(Current mailing address)

8. Self Defense Classes
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Mike Clay

Office Address: 3229 E. Atlantic Blvd #2002
Pompano Beach, Florida 33062
(City) (Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michael A. Clay
(Registered agent's signature)

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: _____

Director: _____

Address: _____

B. OFFICERS

President: Robert Dearman

Address: 3600 W. TERRITORIAL RD

Rives JCT. MI 49277

Vice President: Christine Dearman

Address: 3600 W. TERRITORIAL RD

Rives JCT. MI 49277

Secretary: Christine Dearman

Address: 3600 W. TERRITORIAL RD Rives JCT MI 49277

Treasurer: Christine Dearman

Address: 3600 W TERRITORIAL RD Rives JCT. MI 49277

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

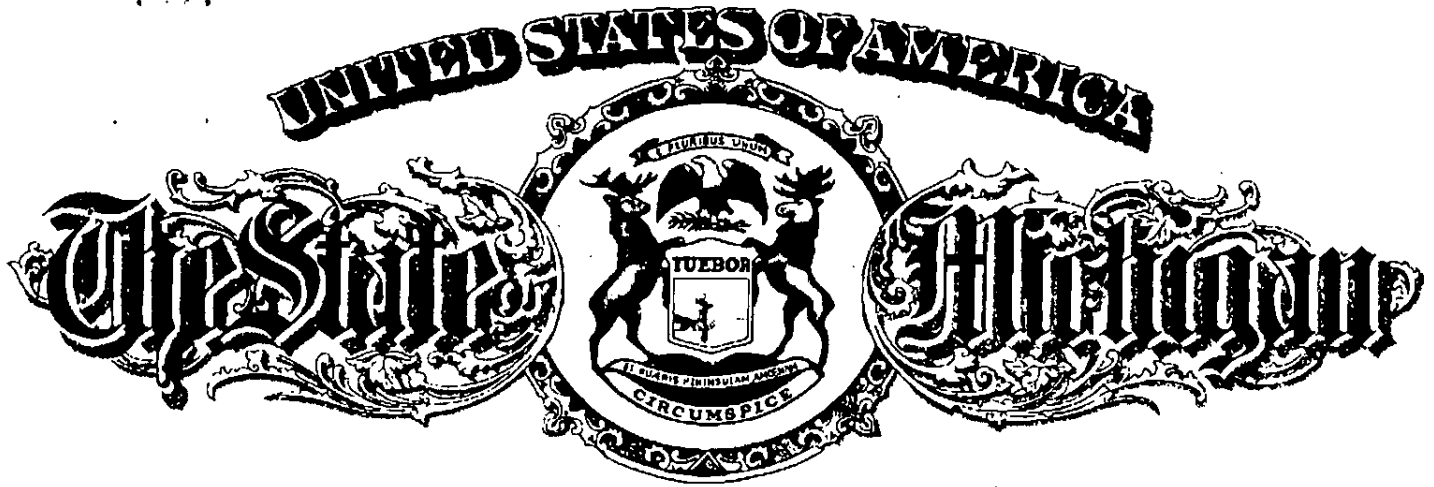
13. 

(Signature of Director or Officer listed in number 12 of the application)

14. ROBERT H. DEARMAN CEO.

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

SECRETARY
ALLAHABAD
2009 SEP - 8 PM 2: 58



Michigan Department of Labor & Economic Growth

Lansing, Michigan

This is to Certify That

SANCHIN SYSTEMS, INC.

a Michigan profit corporation was validly incorporated on February 8, 1984, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 22nd day of August, 2008.

Andrew S. Heston, Director

Bureau of Commercial Services