F0800005001

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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SECRETARY OF STATE

W08-51467

B. McKnight NOV 24 700A

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Mowalla Inc	
	rporation - must include suffix)
Dear Sir or Madam:	
	tion for Authorization to Transact Business in Florida," tted to register the above referenced foreign corporation to
Please return all correspondence concerning this	s matter to the following:
Simoukda Boutmahanimith	
()	Name of Person)
Mowalla Inc	
(F	Firm/Company)
213 N Morgan St, #1B	
	(Address)
Chicago, IL 60607	
(City	y/State and Zip code)
For further information concerning this matter,	please call:
Simoukda Boutmahanimith at (_	312 , 226 - 9941
(Name of Person)	(Area Code & Daytime Telephone Number)
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 State	







November 20, 2008

Becky,

Please send the certified copy of our license to the following address:

Tampa Port Authority Attn: Zelko Kirincich 1101 Channelside Drive Tampa, FL 33602

Many thanks,

Simoukda Boutmahanimith



November 12, 2008

SIMOUKDA BOUTMAHANIMITH 213 N MORGAN ST #1B CHICAGO, IL 60607

SUBJECT: MOWALLA INC Ref. Number: W08000051467

We have received your document for MOWALLA INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The date of incorporation listed in number 4 must be identical to the date listed on your certificate of status.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6931.

Letter Number: 908A00056955

Becky McKnight Regulatory Specialist II New Filing Section

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.

l. <u> </u> Mowalla, In			
	corporation; must include "INCORPORATEI Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
Mowalla	Productions Inc		
(If name unavai	ilable in Florida, enter alternate corporate nam	e adopted for the purpose of transacting busine	ess in Florida)
Illinois	a	36-4207471	
•	y under the law of which it is incorporated)	(FEI number, if applicable)	
01/26/98		perpetual	
(Dat	te of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
j.			
		in Florida, if prior to registration)	
N.4 U =	·	1502, F.S., to determine penalty liability)	
<u>, iviowalia</u>	Inc, 213 N Morgan St, #		
	(Principal office ad	,	
Mowalla	Inc, 213 N Morgan St, #	[‡] 1B, Chicago, IL 60607	
	(Current mailing ac	ldress)	
event pr	roduction		08 80
·	(s) of corporation authorized in home state or	country to be carried out in state of Florida	
(i dipose)	s) of corporation authorized in nome state of	country to be carried out in state of Florida,	
. Name and stre	eet address of Florida registered agent: (P.	O. Box NOT acceptable)	ASSI ASSI
Name:	William Gieseking		
Office Address:	4121 N 50th St		AH ID: 3
	T	, Florida 33610	¥m ⊃
	Tampa	Florida 330 IU	

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.

(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: Vice Chairman: __ Address: Director: Director: **B. OFFICERS** President: Chapin Mower Address: 213 N Morgan St, #1B Chicago, IL 60607 Vice President: Brent Walla Address: 1951 4th Ave, #301 San Diego, CA 92101 Secretary: Address: ____ Treasurer: JP Reilly Address: 213 N Morgan St, #1B, Chicago, IL 60607 NOTE: Time essary, you may an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Chapin Mower President

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

File Number

5977-715-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MOWALLA, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 26, 1998, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0830401776

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH

day of

OCTOBER

A.D.

2008

Desse White

SECRETARY OF STATE