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Division of Corporations
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From:
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SECRETARY OF STATE
TALLAHASSEE-FLORIDA

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FOREIGN PROFIT/NONPROFIT CORPORATION

ICESKILL INC.

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D.A. WHITE

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. ICESKILL 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. DELAWARE

(State or country under the law of which it is incorporated)

3. 20-5146042

(FEI number, if applicable)

4. 06/29/2006

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist (or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1920 E HALLANDALE BEACH BLVD, PH 6

(Principal office address)

HALLANDALE, FLORIDA 33009

(Current mailing address)

8. To Engage in any activity or business permitted under the laws of the State of Florida

(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: EITAN LALLOUZ

Office Address: 1920 E HALLANDALE BEACH BLVD, PH 6

HALLANDALE, Florida 33009

(City)

(Zip code)

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.

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12. Names and business addresses of officers and/or directors:

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A. DIRECTORSChairman: YOHAN PEREZAddress: 1920 E HALLANDALE BEACH BLVD., PH-6
HALLANDALE, FLORIDA 33009

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: YOHAN PEREZAddress: 1920 E HALLANDALE BEACH BLVD., PH-6
HALLANDALE, FLORIDA 33009

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Yohan Perez, President and CEO

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

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Delaware

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PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICESKILL 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 FIFTEENTH DAY OF DECEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICESKILL INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

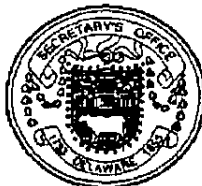
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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 7026010

DATE: 12-15-08

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