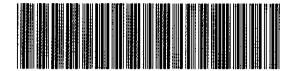
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· ·				
(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE

FILED

FEB 12:2009 D. A. WHITE

COVER LETTER

	New Filing Section Division of Corporations						
SUBJE	ECT: <u>im</u>	MANUEL (1	PROPER Name of corpo	TY S TIN	include suffix	rp.)	
Dear Si	r or Madam:						
"Certifi		ice," and check				act Business in Florida," enced foreign corporation to	
Please r	eturn all corre	spondence con	cerning this m	atter to the fo	llowing:		
A۱	MY WEE	:Do					
			•	ne of Person)			
IMA	MANUEL	PROPERT	4 FN	ance (ORP.		
		PROPERT	(Firr	n/Company)			
14	228 c	YPER P	L STE	101	 		
		40ER P	(Address)			
	TAMPA	た 331	613				
			(City/S	tate and Zip c	ode)		
For furt	her informatio	n concerning t	his matter, ple	ase call:			
A	my wee	D0 .	at (B)	3 1 4	50 415	51	
(Name of Person) at (813) 650 4151 (Area Code & Daytime Telephone Number)							
STREET/COURIER ADDRESS: MAILING ADDRESS:						ADDRESS:	
New Filing Section					New Filing Section Division of Corporations		
Division of Corporations Clifton Building					P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301					Taliahassee, FL 32314		
Enclose	ed is a check fo	r the following	amount:				
₹ 70.0	00 Filing Fee		Filing Fee & cate of Status		Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2009

AMY WEEDO IMMANUEL PROPERTY & FINANCE CORP. 14228 CYBER PL STE 101 TAMPA, FL 33613

SUBJECT: IMMANUEL PROPERTY & FINANCE CORP.

Ref. Number: W09000004519

We have received your document for IMMANUEL PROPERTY & FINANCE CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A brief description of the entity's nature of business must be included in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Regulatory Specialist II

Letter Number: 409A00003321

DEPARTMENT OF STATE

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMETTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. IMMANO	EL PROPERTY & FINANCE	E CORP. 2009 FFR LI D 12: U
(Enter name of c	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	E CORP. ED," "COMPANY," "CORPORATION," SECRETARY:OF STATE TALL:AHASSEEJELORIE
		ing Emilyours and one
(If name unavail	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)
2. NEVADA		3. 26 - 2643456 (FEI number, if applicable)
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. MAY 15	12008	5. PERPETUAL
	e of incorporation)	5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6		
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
7. 14228	CYBER PL. STE 101 (Principal office	TAMPA R 33613
	(Principal office	address)
SAME		
	(Current mailing	address)
8. Au Les (Purpose(s	SAL BUSINESS - INCLUDIO	NG INSURANCE & MORTGAGES or country to be carried out in state of Florida)
·	et address of Florida registered agent: (·
Name:	AMY WEEDO	
Office Address:	14228 CYBER PL. ST	<u> </u>
	TAMPA (City)	, Florida 33413
	(City)	(Zip code)
Having been nam		ervice of process for the above stated corporation at the place intended in
further agree to c		s relative to the proper and complete performance of my duties,
_	(Registered agent's signatu	ure)

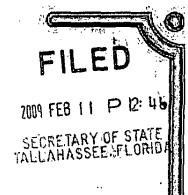
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

. 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: AMY WEEDO Address: 14228 CYBER PL. STE 101 TAMPA R 33613 SECRETARY OF STATE Vice Chairman: Address: Director: Address: Director: Address: **B. OFFICERS** President: Address: Vice President: Address: Secretary: Address: ___ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

AMY WEEDO CHAIRMAN/ DIRECTOR (Typed or printed name and capacity of person signing application) SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

l, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **IMMANUEL PROPERTY & FINANCE CORP.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 15, 2008, and is in good standing in this state.

AND THE PROPERTY OF

Electronic Certificate
Certificate Number: C20090122-2274
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 22, 2009.

ROSS MILLER Secretary of State