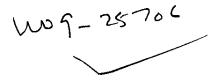
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PICK-UP	WAIT	MAIL
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(Docum	ent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing	g Officer:	
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Office Use Only





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FILED

2009 JUN 11 PH 4: 10

SECRETARY OF STATE
TALLAHASSEF ELORIDA



COVER LETTER

	New Filing Sect Division of Cor					
SUBJE	CT:	PROBIT:	s In	.c		
		Name of	corporation	- must include s	suffix	
Dear Sir	or Madam:					
"Certific		e," and check are si				t Business in Florida," ced foreign corporation to
Please re	eturn all corresp	ondence concernin	g this matter	to the following	g;	
	Bebe	· N·	Mai	eed		
	Ide	al Opp	mtu	nities "	Ten	
		11	Firm/Com	pany		
	424	8 Town	n Ce Addre	uter ?	Blud	, Sufe 3
	Onla	ando	FL	328 nd Zip code	37	<u> </u>
	beb		•	nd Zip code Thurt for future annual		
For furth	ner information	concerning this ma	tter, please c	all:		
Beb	Name of Person	Majeed :	at (<u>407</u> Area (_) <u>944</u> Code & Daytime	95 Telepho	one Number
	STREET/COU New Filing Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle	:	New I Divisi P.O. I	Filing Se ion of Co Box 6327	rporations
Enclosed	d is a check for	the following amou	ınt:			
\$70.0	00 Filing Fee	\$78.75 Filing F		\$78.75 Filing Certified Copy		\$87.50 Filing Fee, Certificate of Status &



RECEIVED BEPARTMENT OF STATE

09 JUN 11 PM 4: 36

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2009

BEBE N MAJEED IDEAL OPPORTUNITIES INC. 4248 TOWN CENTER BLVD STE 3 STE 3 ORLANDO, FL 32837

SUBJECT: PROBITS INC Ref. Number: W09000025706

We have received your document for PROBITS 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.

Please return 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) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 909A00018499

Division of Cornerations - P.O. ROY 6327 - Tallahassae Florida 3231

, -----

Corrected
Thank you
Bebe

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANC. REGISTER A FO	E WITH SECTION REIGN CORPOR	I 607.1503, FLORI ATION MONT RANS.	DA STATUTES, TH ACT BUSINESS IN	IE FOLLOWING IS I THE STATE OF FLO	SUBMITTED TO ORIDA.	9	
1. <u> </u>	ROBITS	BYBA _	Inc.		TALL TALL	266 266 266	
(Enter name of a "Inc.," "Co.," "C	corporation; must in Corp," "Inc," "Co," o	clude'"INCORPOR <i>A</i> r "Corp.")	\TED," "COMPAN"	7," "CORPORATION	AHASSEE.	1	FILEI
(If name unavai	lable in Florida, ente	er alternate corporate	name adopted for the	purpose of transacting	business in Flori		O
2. Duffe (State or country		ich it is incorporated	3. <u>To be</u>	(FE) number, if apple	cable)		
4. <u>La</u>	c of incorporation)	2004	5. Perpe	tal	exist or "perpetua	ıl")	
6. <u>No</u>		n yet -		grin 500	n.		
	(Date (SEE SEC	first traisacted busi TIONS 607.1501 &	ness in Florida, if pri 607.1502, F.S., to de	to registration) termine penalty liability	()		
7. <u>42</u>	48 Tow	n Center (Principal office	Blod Sui	e3 Orla	ndo FL	3>83	ょフ
Sau	ne as	(Current mailir	ng address)				
8(Purpose(u estat		tments e or country to be car	ried out in state of Flor	ida) [;]		
9. Name and street	et address of Florid	da registered agent:	(P.O. Box NOT	cceptable)			
Name:	Ideal	apportu	ritres In	e			
Office Address:		Town Cen					
	Orlan	do	, Florida	32837			
		(City)	,	(Zip code)			
designated in this further agree to c	ned as registered as application, I here omply with the pr	gent and to accept reby accept the app ovisions of all stati	ointment as registe utes relative to the	for the above stated or ered agent and agree proper and complete	to act in this co	apacity. I	s,
and I am familiai	with drift accept i	the obligations of n	ny position as regis	tered agenl.	_		
	(R	gistered agent's sign	ature)		-		
11. Attached is a	certificate of dixist	ence duly authentic	ated, not more than	90 days prior to deli	very of this app	lication 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: Patrik E. A. van Brockh	
Address: 4248 Town Center Blv	
Orlando FC 32837	ALC:
Vice Chairman:	44.5 Ju 7
Address:	<u> </u>
	FST Z O
Director:	A F
Address:	
Director:	
Address:	
B. OFFICERS	
President: Patrik E. A. van Brock	hoven
Address: 4248 Town Center Blod	Suite 3
Orlando Fe 3283	
Vice President:	
Address:	
Secretary: Peter J. Groenendiil	
Address: 4248 Town Center Blod 8	uile 3 Onlando F1-3>83°
Treasurer:	
Address:	
/1 /	
NOTE: If necessary, you may attach an addendum to the application list	ting additional officers and/or directors.
13.	
(Signature of Director or Officer listed in number	
14. <u>Veter J. Groen endijk Sec</u>	retary



LAMBO BV ovy byba

Boekhoud- en Fiscaliteitskantoor Merelstraat 9 - 2250 OLEN

Lambo_bockhouding@pandora.be 205,916

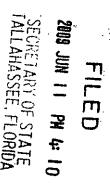
B.I.B.F.

Tel.

014/22 29 00

Fax

014/23 13 14



CERTIFICATE OF EXISTENCE

The company "PROBITS BVBA" is in business since 20 January 2004 and is operating in good standing in the state or country under the law which it is incorporated.

The company Probits byba is registered in Belgium on the address:

Kruisstraat 111, 2570 Duffel

and with company number: BE 0863.003.852

Signed by

Name

COOLS MARC

Title

accountant a tax-consultant

Signature

30/04/2009 Date

LAMBO byba

Boekhouding & Fiscaliteit Merelstraat 9 2250 Olen

Tel. 014/22.29.00 - Fax. 014/23.13.14 Lambo_boekhouding@pandora.be

BTW nr. 0441.231.422 R.P.R.: Turnhout -Centea 860-0072126-37 -KBC 401-0518821-83

Delta Lloyd 646-7118410-79