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## FOREIGN PROFIT/NONPROFIT CORPORATION

I Believe Corp.

El 6/22/09

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#### FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**



## RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT A ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Picase print or type)

I, the undersigned Camille Lee	_, do hereby certify
(Name)	- •
that this Resolution of the Board of Directors of	
I Believe Corp.	,
(Name of Corporation)	
a corporation duly organized and existing under the laws of North Carolina (State or Countr	y) ,
was adopted on	, adopting the alternate
name of   Believe Corp. Enterprises (Alternate Name) NOTE: Must contain a corporate suff	īx)
for use in Florida as its real name is unavailable in Florida.	
Date: 06/11/09  Signature of Chairman, Vice Chairman of the Board, a director or any officer  Camille Lee, President of the Board, a director or any officer	lent person signing
FILING FEE \$35	

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

CR2E126 (6/08)

Jux Ceu cht #H090001460583

# 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.

I. I Deneve Co	or b.		
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORA Corp," "Inc," "Co," or "Corp.")	TED,	" "COMPANY," "CORPORATION,"
I Believe Co	orp. Enterprises		
(If name unava	ilable in Florida, enter alternate corporate	name	adopted for the purpose of transacting business in Florida)
2. North Carol	ina	3.	Perpetual  (Duration: Year corp. will cease to exist or "perpetual")  t transacted business in Florida, insert "upon qualification. To
(State or countr	y under the law of which it is incorporated	)	(FEI number, if applicable)
4. 5/25/2006		_ 5.	Perpetual  (Duration: Year corp. will cease to exist or "perpetual")
(Da	ite of incorporation)		(Duration: Year corp. will cease to exist or "perpetual"
	QUALIFICATION	<del> </del>	mg =
(Date first trans			t transacted business in Florida, insert "upon qualification. To,, 607.1502 and 817.155, F.S.)
7. 4480 Deerw	ood Lake Pkwy., Unit 655, Jacksonville	, Flo	rida 32216-2277
	(Principal offic	e add	ress)
4480 Deerw	ood Lake Pkwy., Unit 655, Jacksonville		
	(Current mailin	g add	ress)
g. All lawful b	nicinese		
	e(s) of corporation authorized in home state	or co	ountry to be carried out in state of Florida)
9. Name and st	reet address of Florida registered ag	ent:	(P.O. Box or Mail Drop Box NOT acceptable)
	Business Filings Incorporated		(2.0. Box of Wall Diop Box 1454 acceptable)
Name:	Business Finings incorporated		<del></del>
Office Address:	1203 Governors Square Blvd, Suite	101	<u></u>
	Tallahassee		, Florida 32301-2960
	(City)		, Florida 32301-2960 (Zip code)
10. Registered	agent's acceptance:		
Having been na	med as registered agent and to accept	servi	ce of process for the above stated corporation at the place
uesignatea in in further agree to	is application, I hereby accept the applications of all state	oinin tes r	nent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my duties,
and I am familio	or with and accept the obligations of m	y po	sition as registered agent.
	Narll		
Mark	(Registered agent's signa k Williams A.V.P., Business Filings Inc.	ture)	ated
			not more than 90 days prior to delivery of this application to
the Department of	of State, by the Secretary of State or oth	er of	ficial having custody of corporate records in the jurisdiction

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

under the law of which it is incorporated.

.,	$\mathbf{}$	`	$\sim$	$\sim \sim -$	_	

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director: Camille Lee	
Address: 4480 Deerwood Lake Pkwy., Unit 655, Jacksonville, Florida 32216-2277	·
Director:	
Address:	75 00 J
B. OFFICERS	N 19 AHASS
President: Camille Lee	mc 7
Address: 4480 Deerwood Lake Pkwy., Unit 655, Jacksonville, Florida 32216-2277	75 75
	RIE 23
Vice President: Camille Lee	7
Address: 4480 Deerwood Lake Pkwy., Unit 655, Jacksonville, Florida 32216-2277	
Secretary: Camille Lee	
Address: 4480 Deerwood Lake Pkwy., Unit 655, Jacksonville, Florida 32216-2277	· · · · · · · · · · · · · · · · · · ·
Treasurer: Camille Lee	
Address: 4480 Deerwood Lake Plowy., Unit 655, Jacksonville, Florida 32216-2277	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	r directors.
3. (Signature of Director or Officer listed in number 12 of the application)	
4. Camille Lee, President	
(Typed or printed name and canacity of names against availables)	· · · · · · · · · · · · · · · · · · ·



# NORTH CAROLINA Department of The Secretary of State

### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### I BELIEVE CORP.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 25th day of May, 2006, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

09 JUN 19 PM 12: 23
SECRETARY OF STATE TAIL AHASSEE, FLORIDA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of June, 2009.

Elaine J. Marshall

Secretary of State



Certification# 89416486-1 Reference# 9759236- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification