## F09000003056

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

SUBJE	CT.	Fa	abemo Corpo	ration	
SUBJE	C1:			tion - must include suffix)	
Dear Sir	or Madam:				
"Certifica		ice," and check		or Authorization to Transact Buston register the above referenced f	
Please re	turn all corre	spondence conc	erning this mat	ter to the following:	
		Rob	ert A. Sto	k	
			(Name	of Person)	
		Sto	ok & Associ	ates, P.A.	
			(Firm/C	Company)	
		28	75 NE 191s	t Street, Suite 304	7A S
			(Ad	ldress)	09 J CCR
		Ave	ntura, F1.	33180	AZ C
			(City/Stat	e and Zip code)	HASSEE, F
For furthe	er information	n concerning thi	s matter, please	call:	ECRETARY OF STATE LLAHASSEE, FLORIDA
Robert	A. Stok		at (305	935-4440	» N
(	Name of Per	son)	(Area	a Code & Daytime Telephone N	Jumber)
N D C 20 T	lew Filing Se Division of Co lifton Buildin 661 Executiv allahassee, F	orporations ng e Center Circle		MAILING ADDR New Filing Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	ations
<b>]</b> \$70.00	Filing Fee	\$78.75 Fili Certificat	ing Fee & [ te of Status	\$78.75 Filing Fee & X S Certified Copy	87.50 Filing Fee, Certificate of Status & Certified Copy

## 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.	Fabemo Corpora	ition			
(Enter name	of corporation; must include "INCORI" "Corp," "Inc," "Co," or "Corp.")	PORATED	," "COMPANY," "CORPORATION	,,	,
(If name unav	vailable in Florida, enter alternate corp	orate name	adopted for the purpose of transacting	business in Florida)	
2. Bahamas	S	3.			
(State or coun	atry under the law of which it is incorporate	orated)	(FEI number, if appli	cable)	
4. August 7	7, 1997	5.	Perpetual		
(D	Date of incorporation)		(Duration: Year corp. will cease to	exist or "perpetual")	
6. <u>None</u>					
			n Florida, if prior to registration) 502, F.S., to determine penalty liability	<sub>(</sub> )	
7. 2875 NE	191st Street, Suiteu304,	Aventu	ra, Florida. 33180		
	(Principal	I office add	ress)		
	Same			7A S	
	(Current r	mailing add	lress)	ECA LLA	
All Busi	inessoWhich is legal to b	e carri	edeout in the State of Fi	Lorida A	
(Purpos	se(s) of corporation authorized in home	e state or co	ountry to be carried out in state of Flor		2
). Name and <u>st</u>	treet address of Florida registered a	gent: (P.C	D. Box <u>NOT</u> acceptable)	الا	111
Name:	Robert A. Stok			PH 12: 02 Of State of Florida	المعمدة
Office Address:	2875 NE 191st Street;	Ste 304			
	Aventura, Fl.		33180- , Florida		
	(City)	)	(Zip code)	•	
0. Registered	l agent's acceptance:	]	/		
Having been no	amed as registered agent and to a	( ccept servi	ce of process for the above stated o	corporation at the p	lace
urther agree to	his application, Thereby accept the o comply with the provisions of all	statutes/r	elative to the proper and complete	to act in this capac performance of my	ity. I dutie
ina I am Jamili	iar with and accept the obligations	s of my po	sition as registered agent.		
	1//	K			
	(Registered agent's	signature)		<del></del>	
	(0	رح			

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. DIR	ECTORS			
Chairman	1:			
Address:				
Vice Cha	irman:			
Address:				
Director:	Fanny Vataru			
Address:	701 Brickell Avenue, Ste. 1400			
	Miami, FL. 33131			
Director:	Monica Vataru			
Address:	701 Brickell: Avenue, Ste 1400			
	Miami, F1. 33131			
B. OFF		SECRE	2009 JUL	<b>~</b>
President:	Adela Vataru	IAR ASS	<u>~=</u> ω	-
Address:	701 Brickell Avenue, Ste 1400	_ <u>EE</u>	<del></del>	-111-
	Miami, FL. 33180	FLOR	PH 12:	C
Vice Pres	ident:	<u>Ģ</u> m	22	
Address:		<u></u>		<u> </u>
				<del></del> -
		<del></del>		
Address:			<del></del>	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers ar	nd/or dire	ectors.	e <sup>i</sup>
13	(Signature of Director or Officer listed in number 12 of the application)			
14	ADela de Vatarn			
	(Typed or printed name and capacity of person signing application)			

