F0900003074

(Requestor's Name)	
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(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:	
W09/1920	





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SECRETARY OF STATE
DIVISION OF CORPORATIO

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2009

KIMBERLY S. MISTRY P.O. BOX 10571 DAYTONA BEACH, FL 32120

SUBJECT: SAFNA INC.

Ref. Number: W09000034920

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

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 409A00026327

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: SAFNA INC. Name of Corporation – must include suffix		
readic of corporation – must include surfix		
Dear Sir or Madam:		
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.		
Please return all correspondence concerning this matter to the following:		
Kimberly S. Mistry Name of Person		
SAGIATUS		
SAFNA INC. Firm/Company		
		
P.O. Box 10571 Address		
Daytona Beach, FL 32120 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Kimberly S. Mistry at (386) 451-6790 Name of Person Area Code & Daytime Telephone Number		
MAILING ADDRESS: New Filing Section STREET/COURIER ADDRESS: New Filing Section		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$\ \text{Certificate of Status} \text{S78.75 Filing Fee & Certified Copy} \text{S87.50 Filing Fee, Certified Copy} \text{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 SEREGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA	SECR
I. SAFNA INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	FILED ETARY OF STAT N OF CORPORAT
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	ONS .
2. Nevada (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Fig number, if applicable)	
4. July 14 2009 5. Perpetual (Duration: Year curp. will cease to exist or "perpetual")	
6. 8 31 09 (Date first transacted business in Florida, if prior to registration)	
7. (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address)	1102
(Current mailing address)	
8. (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: Kimbedy S. mistry	
Office Address: 456 Bay berry Lakes Blud	
Daytona Beach, Florida 32124	
(City) (Zip code)	
10. Registered agent's acceptance:	

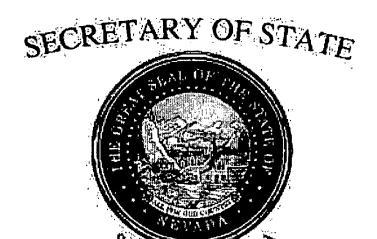
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

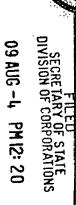
(Registered ment's signature)

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.

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

A. DIRECTORS	
Chairman:	0 24
Address:	- 200
Vice Chairman:	ORPG PH
Address:	ある。
Director:	
Address:	
Director	
Director;	
Address:	
B. OFFICERS	
President: Kimberly S. Mistry	
Address: P.O. Kox 108 //	
Vice President: Kimberly S. Mistry	_
Address: P.O. BOX 10571	
Db FL 32120	
Secretary: Kimberly S. Mistry	
	420
Treasurer: Kimberly & mistry	
Address: P.O.Box 10571 Db FL 32	2120
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors.
13. Kinberly S Mistry	
(Signature of Director or Officer listed in number 12 of the appli	
14. Limberty S. MISTRY (Typed or printed name and capacity of person signing applica	tion)





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, 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, **SAFNA INC.**, 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 July 14, 2009, and is in good standing in this state.

AL OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 3, 2009.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20090803-1708
You may verify this electronic certificate
online at http://www.nvsos.gov/