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#### JR UNIVERSAL CONSTRUCTION INC.

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B. McKnight OCT 2 0 2009

## 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.

| State or country under the law of which it is incorporated)  (PEI number, if applicable)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 1045 NO HUDSON AVENUE, LOS ANGELES, CA 90038  (Current mailing address)  (Current mailing address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name:  CT Corporation System  Office Address:  Plantation  Florida  (City)  (City)  Florida  Florida  Florida  Florida  (City)  CT Corporation and to accept service of process for the above stated corporation at the plantasing been named as registered agent and to accept service of process for the above stated corporation at the plantasing been named as registered agent and to accept service of process for the above stated corporation at the plantasing been named as registered agent and to accept service of process for the above stated corporation at the plantasing been named as registered agent and to accept service of process for the above stated corporation at the plantasing been named as registered agent and to accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes retained to the proper and complete performance of my d and I am familiar with and accept the obligations of my position as registered agent.  CT Corporation System   | (If name unavai                         | able in Florida, enter alternate corporate name ado | pted for the purpose of transacting busi                                    | iness in Florida)            |
|--|---|---|---|------------------------------|
| (State or country under the law of which it is incorporated) 4. \frac{11/14/2002}{(Date of incorporation)}   | CALIEODNIA                              | 85  |   |                              |
| (Date of incorporation)  (Date first transacted business in Florida, If prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Outstand Not Hudson Avenue, Los Angeles, CA 90038  (Principal office address)  (Current mailing address)  (Current mailing address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida  (Purpose(s) of corporation System  Office Address:  (City)  (Cit | (State or country                       | under the law of which it is incorporated)          | (FEI number, if applicable  | ;)                           |
| (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 1045 NO HUDSON AVENUE, LOS ANGELES, CA 90038  (Principal office address)  (Current mailing address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name:  CT Corporation System  1200 South Pine Island Road  Plantation  Florida  (City)  10. Registered agent's acceptance:  Having been named as registered agent and to accept services of process for the above stated corporation at the plantation agree to act in this capacity further agrees to comply with the provisions of all statutes relative to the proper and complete performance of my dand I um familiar with and accept the abligations of my position as registered agent.  CT Corporation Sfelon  CT Corporation Sfelon   |   | _   | PERPETUAL   |                              |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 1045 NO HUDSON AVENUE, LOS ANGELES, CA 90038  (Principal office address)  (Current mailing address)  (Current mailing address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name:  CT Corporation System  (City)  (Cit | (Date                                   | of incorporation) (D                                | uration: Year corp. will cease to exist                                     | or "perpetual")              |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 1045 NO HUDSON AVENUE, LOS ANGELES, CA 90038  (Principal office address)  (Current mailing address)  (Current mailing address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  (City)  (Cit | s                                       |   |   |                              |
| (Current mailing address)  (Current mailing address of Florida registered agent (P.O. Box NOT acceptable)  (Current mailing address)  (Current mailing address (P.O. Box NOT acceptable)  (Current mailing address |   | (SEE SECTIONS 607.1501 & 607.1502.                  | F.S., to determine penalty liability)                                       |                              |
| (Current mailing address)  (Current mailing address of Florida registered agent (P.O. Box NOT acceptable)  (Current mailing address)  (Current mailing address (P.O. Box NOT acceptable)  (Current mailing address | 7. L045 NO HUDS                         | ON AVENUE, LOS ANGELES, CA 90038                    | SACRAS" is  |                              |
| (Current mailing address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation System  (P.O. Box NOT acceptable)  (City)  (C |   | (Principal office address)                          | 1   | <del>-</del>                 |
| GENERAL CONTRACTOR  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  1200 South Pine Island Road  Plantation  Florida  (City)  (City)  (City)  City (Xip 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 platesignated in this application, I hereby accept the appaintment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes religitive to the proper and complete performance of my digital in a familiar with and accept the obligations of my position as registered agent.  CT Corporation System   | 1045 NO HUDS                            |   |   | <u>ار ا</u>                  |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  1200 South Pine Island Road  Plantation  Florida  (City)  (City)  (City)  City 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 platesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance of my divided I um familiar with and accept the abligations of my position as registered agent.  CT Corporation System  |   | (Current mailing address)                           | )   |                              |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  1200 South Pine Island Road  Plantation  Florida  (City)  (City)  (Zip code)  O. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the platesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance of my divided I um familiar with and accept the abligations of my position as registered agent.  CT Corporation System   | GENERAL CO                              | NTRACTOR  |   | IAN<br>ASS                   |
| Name:  1200 South Pine Island Road  Plantation  (City)  (City)  Thorida 33324  (City code)  0. Registered agent's acceptance:  Inving been named as registered agent and to accept service of process for the above stated corporation at the placesignated in this application, I hereby accept the appaintment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance of my divided in the familiar with and accept the abligations of my position as registered agent.  CT Corporation Staten  |   | ) of corporation authorized in home state or countr | y to be carried out in state of Florida)                                    | 171-5                        |
| Name:  1200 South Pine Island Road  Plantation  (City)  (City)  Thorida 33324  (City code)  0. Registered agent's acceptance:  Inving been named as registered agent and to accept service of process for the above stated corporation at the placesignated in this application, I hereby accept the appaintment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance of my divided in the familiar with and accept the abligations of my position as registered agent.  CT Corporation Staten  | ). Name and stree                       | t address of Florida registered agent: (P.O. B      | ox NOT acceptable)  |                              |
| Plantation  (City)  (C |   |   | _   | <b>0: 4:</b><br>             |
| Plantation  (City)  (Lip code)  O. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the platesignated in this application, I hereby accept the appaintment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dand I am familiar with and accept the obligations of my position as registered agent.  C T Corporation S stepn   | Decan Adduses                           | 1200 South Pine Island Road                         | <del>-</del><br>•   |                              |
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| lesignated in this application. I hereby accept the appaintment as registered agent and agree to act in this capacity<br>further agree to comply with the provisions of all statutes relative to the propor and complete performance of my d<br>and I um familiar with and accept the obligations of my position as registered agent.  C T Corporation System  |   |   | Canana dia dia akamanda mengani   | and the second second second |
| 51000  | tavail occu uam                         | application, I hereby accept the appointment        | t as registered agent and agree to a<br>ive to the proper and complete perf | et in this capac             |
| 21.00  | lesignated in this<br>urther agree to c |   |   |                              |
| By: SUSAN WHEETER ASST. SEORETA  | lesignated in this<br>urther agree to c | with and accept the obligations of my position      |   |                              |

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 dusmess addresses of differs and/or directors:  |               |
|---|---------------|
| A. DIRECTORS  | E. 0          |
| Chairman: Jose ARIEL Kamos  | 090           |
| Chairman: Jose ARIEL Ramos Address: 2132 Mon Tensoy BLOD  | 至 3           |
| HEAMOS A BEACH Con 90254  | SS AS         |
| Vice Chairman: SE1010 CHANET  | AMIO:         |
| Address: 6430 CAR AVENCE  | FS D          |
| TEMPLE GIY, Ca 91780  | RATE 8        |
| Director: MEIDA Ramos   | 72            |
| Address: 2132 MONTERLEY RULD  |               |
| HEAMOSA Beach, Ca POSSY   |               |
| Director:   |               |
| Address:  |               |
|   |               |
| President: Jose ARIE RAMOS  Address: 2132 MONTENEY BLUB:  HERMOSA, BEACK, Ca 90054                  |               |
| Vice President: SE1C10 CHAVEL   |               |
| Address: GH30 DAIL AVENUE   |               |
| TEMPLE GIY, Ca 91780  |               |
| Scorelary: MELIDA Ramos   |               |
| Address: 2132 MONTEMEN BLOD. HERMOSA BELL   | C. 90254      |
| Treasurer: MELIDA ROMOS   |               |
| Address: 2132 MONTTELLY BLUD. HEAMOS A BEAL   | ch, Ca 902530 |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o | r directors.  |
| (Signature of Director or Officer listed in number 12 of the application)                           | -             |
| 14. MENDA LAMOS, SENETALY /TREASURER  |               |
| (Typed or printed name and capacity of person signing application)                                  | •             |

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### State of California Secretary of State

CERTIFICATE OF STATUS

09 OCT 19 AM 10: 48

JUDIE PARY OF STATE
FALLAHASSEE, FLORIDA

ENTITY NAME:

J R UNIVERSAL CONSTRUCTION, INC.

FILE NUMBER: FORMATION DATE:

TYPE:

JURISDICTION:

STATUS:

C2483742 11/14/2002

DOMESTIC CORPORATION

CALIFORNIA

ACTIVE (GOOD STANDING)

I. DEBRA BOWEN. Secretary of State of the State of California. hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 29, 2009.

DEBRA BOWEN
Secretary of State

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NP-25 (REV 1/2007)

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