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Florida Department of State
Division of Corporations
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placements fraine, inc.

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PLACEMENTS FRANE, INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CHARLES S. SERFATY, ESQ.
Name of Person
SERFATY + GARCIA, P.A.
Firm/Company
4770 BISCAYNE BOULEVARD #1430
Address
MIAMI, FLORIDA 33137
City/State and Zip code
BSORIANO@SGLAWPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BELINA SORIANO nt (305) 722-8555
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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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. PLACEMENTS FRANE, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CANADA 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. NOVEMBER 16, 1992 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. DECEMBER 10, 2009
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4770 BISCAYNE BOULEVARD #1430
(Principal office address)

MIAMI, FLORIDA 33137
(Current mailing address)

8. ROM ESTATE HOLDINGS
(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)

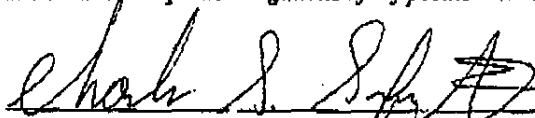
Name: SERFATY + GARCIA, P.A.

Office Address: 4770 BISCAYNE BOULEVARD #1430

MIAMI, Florida 33137
(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 agent'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.

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

A. DIRECTORS

Chairman: LEANDRO DELLI FRANK
Address: 4770 BISCAYNE BLVD. #1430
MIAMI, FLORIDA 33137

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: LEANDRO DELLI FRANK
Address: 4770 BISCAYNE BLVD. #1430
MIAMI, FLORIDA 33137

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]
(Signature of Director or Officer listed in number 12 of the application)

14. LEANDRO DELLI FRANK
(Typed or printed name and capacity of person signing application)

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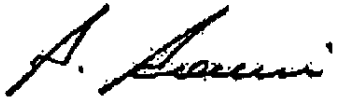
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CERTIFICATE OF COMPLIANCE
s. 263.1 (1)(a)(b)

CERTIFICAT DE CONFORMITÉ
art. 263.1 (1)(a)(b)

PLACEMENTS FRAINE INC.	286895-4
Name of corporation-Dénomination sociale	Corporation number-Numéro de la société
<p>I HEREBY CERTIFY that the corporation named above is incorporated or continued under the <i>Canada Business Corporations Act</i>, is not discontinued and has not been dissolved under that Act.</p>	<p>JE CERTIFIE, par les présentes, que la société ci-dessus mentionnée est constituée ou prorogée en vertu de la <i>Loi canadienne sur les sociétés par actions</i>, qu'elle n'a pas changé de régime et qu'elle n'a pas été dissoute en vertu de cette Loi.</p>
<p>This corporation has sent to the Director the required Annual Returns and has paid all fees required under the Act.</p>	<p>Cette société a remis au directeur les rapports annuels prescrits et acquitté les droits requis par la Loi.</p>
	Decembar 10, 2009 / le 10 décembre 2009
<p>Atsâ Aomari Deputy Director - Directeur adjoint</p>	Issuance date - Date d'émission

Canada

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