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Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

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FOREIGN PROFIT/NONPROFIT CORPORATION AV MAR PAYROLL INC.

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January 8, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORPORATE OUTFITS

SUBJECT: AV MAR PAYROLL INC.

REF: W10000000849

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6929.

Justin M Shivers Regulatory Specialist II New Filing Section FAX Aud. #: E10000000336 Letter Number: 510A00000576

APPLICA'	TION BY FOREIGN CORPORATIO	ON FOR AUTHORI	ZATION TO TRAN	SACT
	BUSINESS IN	Y FLORIDA		10
	WITH SECTION 607, 1503, FLORIDA STA BIGN CORPORATION TO TRANSACT BU			TO THE TOTAL STATE OF THE PARTY
	WMAR PAYROLL SERVICES LT			300 0
(Enter name of co. "Inc.," "Co.," "Co.	oporation: must include "INCORPORATED," op," "Inc," "Co," or "Cop.")	"COMPANY," "CORPC	ration,"	16. 10 m
Av	May Pay Services TIMT	TED_ INC.		TO'S
(If name unavailat	ble in Florida, enter alternate corporate name ad	lopted for the purpose of t	ransacting business in Flo	rida)
2. Seli	16 3	27 - 138	3429	
(State or country u	inder the law of which it is incorporated)	(FBI numbe	er, if applicable)	
4. June		Perpe	trul	
(Date of	of incorporation)	Duration: Year corp. will	cease to exist or "perpetu	ıal")
,	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502			
799	Albert Street Belize (Principal Office address	c City 1	Selize C.A.	
- 9	SW 13th Street Fort (Corrent mailing address	Lander dale	FL 33315	·
	(ciarrent maning agence	,		
8.				
(Purpose(s)	of corporation authorized in home state or coun	try to be carried out in sta	ite of Florida)	- -
9. Name and street	address of Florida registered agent: (P.O. I	Box NOT acceptable)		
Name:	Tom Andrew		· ·	
Office Address:	9 SW 13M Street	· ·		
		, Florida		
	(City)	(Zip code	,	
designated in this a further agree to con	ent's acceptance: d as registered agent and to accept service application, I hereby accept the appointmen apply with the provisions of all statutes rela with and accept the obligations of my positi	nt as registered agent a dive to the proper and c	nd agree to act in this o complete performance o	capacity. I
	Monthen			
	(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.

A. DIRECTO Chairman:	Tom Andrews	_
	9 SW 13 m Storet	
	Fort Landerdale, FL 33315	-
		<u>-</u>
\ddress:		_
**		-
Diractor:		-
\ddress:		
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Director:		and the
iddress:		(1.13° 123) - Fatalia
		.4.4
. OFFICER	max to the second of the secon	ر ا د
resident:	SE SE	χχ.
	Dri's	_
		_
ice President:		
ddress:		•
		·.
Scrotary:		-
ddress:		
reasuror:		
ddress:		
		•
OTE: If nece	essary, you may attach ary addendum to the application listing additional officers and/or directors.	
3	(Signature of Director or Officer listed in number 12 of the application)	• ,
4	Thomas Andraws	

