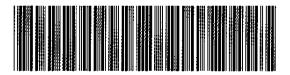
F10000000699

(Requestor's Name)				
(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:				

Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

EP 2/10/10

COVER LETTER

	Filing Section ion of Corporations				
SUBJECT: Allied Industries, Inc.					
(Name of corporation - must include suffix)					
Dear Sir or M	adam:				
"Certificate of	"Application by Foreign Corporation for Authoriza f Existence," and check are submitted to register the less in Florida.				
Please return all correspondence concerning this matter to the following:					
Fernando Gutierrez					
(Name of Person)					
Allied Industries, Inc.					
(Firm/Company)					
4570 Var	Nuys Blvd., Suite 308				
	(Address)				
Sherman	Oaks, CA 91403				
	(City/State and Zip co	ode)			
For further information concerning this matter, please call:					
Fernando Gutierrez at (818) 781-2490					
(Name of Person) (Area Code & Daytime Telephone Number)					
New l Divisi Clifto 2661	ion of Corporations on Building	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 Filid	ng Fee \$\sqrt{9}\$78.75 Filing Fee & \$\sqrt{9}\$878.75 F Certificate of Status Certified	Filing Fee & S87.50 Filing Fee, d Copy Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

			TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.
Allied Indu	ustries, Inc.		44 6
	orporation; must include "INCORPORAT" orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"
	ironmental Services Comp		<u> </u>
	able in Florida, enter alternate corporate na	ime	adopted for the purpose of transacting business in Florida
Nevada		3.	88-0411128
(State or country	under the law of which it is incorporated)	•	(FEI number, if applicable)
12/22/199	8	5.	Perpetual
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
2/1/2010			
	(SEE SECTIONS 607.1501 & 60	7.1:	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
817 S. Hov	ward Avenue, Tampa, FL,	33	3606
	(Principal office	add	ress)
4570 Van	Nuys Blvd., Suite 308, She	err	nan Oaks, CA 91403
	(Current mailing	add	ress)
	on and Environmental Ser		
(Purpose(s	 of corporation authorized in home state of 	r co	ountry to be carried out in state of Florida)
. Name and stree	et address of Florida registered agent: ((P.C). Box NOT acceptable)
Name:	CT Corporation		
Office Address:	1200 S Pine Island Road	l, #	‡ 250
	Fort Lauderdale		Florida 33324

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.

Donald Boadway, Asst. Secretary

(Zip code)

(City)

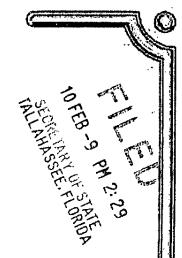
^{11.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Numes and business addresses of officers and or directors.	
A. DIRECTORS	
Chairman: ERNETO GETTERREZ	
Address: 1/333 VANOLEN STREET	
NORTH HOLLYCOUD, CA 91605	
Vice Chairman: SAME AS ABOVE CA	
Address:	
	POR OF
Director: SAME AS ABOVE SA	
Address:	SE P
	22.
Director: SAME AS ABULE SZ	RIFE
Address:	<u> </u>
B. OFFICERS	
President: ERNESTO GETICANEZ	
Address: 11333 VANULYEN STAEET	
NORTH HOLLYWOOD CA 91605	
Vice President: SAME AS ABUVE SA	ERNESTO
Address:	SERVES ALL
	Pusitions.
Secretary: SAME A-S ABOVE ES	PUSITION S
Address:	
Treasurer: SAME AS ADOWS SA	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional o	fficers and/or directors.
13. Fines /	
(Signature of Director or Officer listed in number 12 of the applica	ation)
Ernesto Gutierrez ^{(/}	

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE





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, **ALLIED INDUSTRIES 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 December 22, 1998, and is in good standing in this state.

TE O

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 3, 2010.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20100203-1428
You may verify this electronic certificate
online at http://www.nvsos.gov/