F100000002571

(Requestor's Name)
<u></u>
(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:
New Filing

Office Use Only



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TALLAHASSE OF STATE

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DIVISION OF CORPORATION

JENNERS JUN 0 7 2010



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.

Any further inquiries concerning this matter should be directed to the Registration/Tax Lien Section by calling (850) 245-6052 or writing the New Filing Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

COVER LETTER

	New Filing Sec Division of Co					
SUBJE	сст: Тр	e Armada Gr (Name of corpor	WP,	include suffix)	
Dear Sir	r or Madam:					
"Certific		tion by Foreign Corporation e," and check are submitted rida.				
Please re	cturn all corresp	condence concerning this ma	itter to the fo	ollowing:		
	Shell	ly Kllsk (Nam	e of Person)			
	The A	mada Gro	(Company)	nc·		<u></u>
	325	Spanie O.C. AM	·			~
		(A	(ddress)			
	Sant	a cruz. CA	950	102		
		(City/Sta	ate and Zip	code)	134	- ,
For furth	ner information	concerning this matter, plea	se call:		ESTONAL SECONAL	
Sn	uley R	USC at (83	1)45	8-493	5	,
	(Name of Person	on) (Ar	ea Code & I	Daytime Telep	none Number)	
] i (STREET/COUNCE Filing Second Fi	porations g Center Circle		MAILING A New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27	
Enclosed	t is a check for	the following amount:				
\$70.0	00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	Certificate of Certificate Copy	Status &

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. SAV MODE GROUP, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>Caliturnia</u> 3. <u>77-0449959</u>
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2 12 97 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. May 2009
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 325 Evguel Ave, Santa Cruz, CA 95062
(Principal office address)
Same as above. (Current mailing address)
No. 2
* Consulting Services Es =
(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: Sotephen Griffin
Office Address: 345 BISCOUPL AVE
St. Augustine, Florida 32080
(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.
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duti
and I am familiar with and accept the obligations of my position as registered agent.
Stephen bighin
(Registered agent's signature)
11. Attached is a certificate of existence our 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!	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Uff Tavangav	Ps 2
Address: 325 Stynel Ave.	Los
Sarta Cruzca 95002	
Vice President: USA SULLIVAD	35
Address: 325 Soquel Ave.	A110:
Sorto Chiz FA 95002	28 28
Secretary: UISIA	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional o	fficers and/or directors.
13.	
(Signature of Director or Officer listed in number 12 of the applica	tion)
14. <u>Jeff Tavangal</u>	
(Typed or printed name and capacity of person signing application	on)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ARMADA GROUP, INC.

FILE NUMBER:

C1.799885

FORMATION DATE:

02/18/1997

TYPE:

DOMESTIC CORPORATION CALIFORNIA

JURISDICTION:

ACTIVE (GOOD STANDING)

STATUS:

2010 JUH -4 AM 10: 28

SECRETARY OF STATE
TATE AND SEEL FLORIDA

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 March 03, 2010.

DEBRA BOWEN
Secretary of State