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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

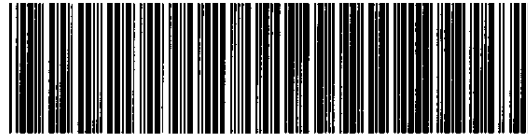
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200 JUN 23 A 7:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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6-28-10
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COVER LETTER

FILED
2ND JUN 23 A 7:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: The Lobree Corporation
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:

Harold S. Lobree

Name of Person

The Lobree Corporation

Firm/Company

11500 S.W. 60 Avenue

Address

Miami, FL 33156

City/State and Zip code

hslobree@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harold S. Lobree

Name of Person

at (305) 665-4385

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

**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. The Lobree Corporation
(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. Indiana 3. 351053093
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-19-1960 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 212 Ponce de Leon Blvd, Coral Gables, FL 33134
(Principal office address)

(Current mailing address)
To furnish consulting services to others of whatever nature, in connection
with all lines of business, and such other purposes as are conferred
8. by law.
(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: Harold S. Lobree

Office Address: 11506 S.W. 60 Avenue

Miami, Florida 33156
(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.

Harold S. Lobree

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Harold S. Lobree

Address: 2121 Ponce de Leon Blvd., Suite 720
Coral Gables, FL 33134

Vice Chairman: _____

Address: _____

Director: H. Baird Lobree

Address: 2121 Ponce de Leon Blvd., Suite 720
Coral Gables, FL 33134

Director: Melissa S. Lobree

Address: 2121 Ponce de Leon Blvd., Suite 720
Coral Gables, FL 33134

B. OFFICERS

President: Harold S. Lobree

Address: 2121 Ponce de Leon Blvd., Suite 720
Coral Gables, FL 33134

Vice President: _____

Address: _____

Secretary: H. Baird Lobree

and Treasurer

Address: 2121 Ponce de Leon Blvd., Suite 720, Coral Gables, FL 33134

Treasurer: _____

Address: _____

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

13. Harold S. Lobree, President
(Signature of Director or Officer listed in number 12 of the application)

14. Harold S. Lobree, President
(Typed or printed name and capacity of person signing application)

FILED
2009 JUN 23 4 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

FILED
2010 JUN 23 A 7:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

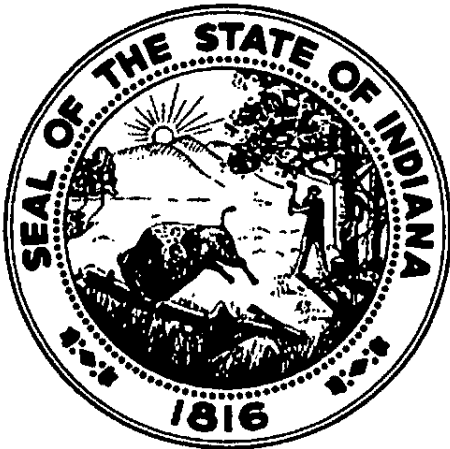
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

THE LOBREE CORPORATION

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 19, 1960, and was in existence or authorized to transact business in the State of Indiana on June 21, 2010.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-First Day of June, 2010.

A handwritten signature in black ink, reading "Todd Rokita".

TODD ROKITA, Secretary of State

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