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(Requestor's Name)				
(Address)				
(Address)				
(15.1.5.5)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
•				
(Business Entity Name)				
(Document Number)				
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Codified Conins				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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2010 JUL 27 PH 12: 46
SECRETARY OF STATE

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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: Xomba, Inc.

Dear Sir or Madam:

Name of corporation - must include suffix

2010 JUL 27 PM 12: 46
TALLAHASSEE, FLORIDA

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 cornamtion to transact business in Florida					

Jenny Bezis Howard	
	Name of Person
Milam Howard Nicandri Dees &	Gillam, P.A.
	Firm/Company
14 East Bay Street	•
	Address
Jacksonville, FL 32202	
	City/State and Zip code
xombasupport@gmail.com	
E-mai	l address: (to be used for future annual report notification)
For further information concerning	ng this matter, please call:
Jenny Bezis Howard	at (904) 357-3660
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 Statu

□ \$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. Xomba, Inc.					_
	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED.	," "COMPANY," "CORPORATION,"		
					_
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busi	iness in Florida)	
2. Nevada		3.	86-1166659		
(State or country	under the law of which it is incorporated)	-	(FEI number, if applicable	:)	
4. April 3, 2006		5.	perpetual		_
	of incorporation)		(Duration: Year corp. will cease to exist	or "perpetual")	
6. July 1, 2010					
			n Florida, if prior to registration)		_
	(SEE SECTIONS 607.1501 & 60	7.1	502, F.S., to determine penalty liability)		
7, 9191 R.G. Skini	ner Parkway, Suite 103, Jacksonville, F	L	32256		
<u></u>	(Principal office				
1650 Margaret	Street, Suite 302, PMB 102, Jacksonvi	lle,	FL 32204		
	(Current mailing	ado	lress)		-
				TASE TA	
8. all lawful busine	ess			<u> </u>	. 453-
(Purpose(s	s) of corporation authorized in home state of	r c	ountry to be carried out in state of Florida)	L 27	- LT
9. Name and stree	et address of Florida registered agent: (P.0	D. Box <u>NOT</u> acceptable)	2010 JUL 27 PM 12: 46 SECRETARY OF STATE TALLAHASSEE, FLORID	Į.
Name:	Milam Howard Nicandri Dees & Gilla	ım,	P.A.	FEST FEST FEST FEST FEST FEST FEST FEST	
Office Address:	14 East Bay Street		***	PRID INTE	
	Jacksonville		, Florida <u>32202</u>	,).**	
	(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.

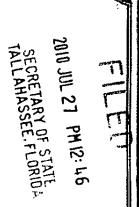
(Registered agent's signature)

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.

12. Names and business addresses of officers and/or directors:	FILE
A. DIRECTORS	2010 JUL 27 PM 12: 46
Chairman:	TALLAHASSEE. FLORIDA
Address:	12:46
	CE. FLORIE
Vice Chairman:	~10 _{2;}
Address:	
Director: Brett C. Warner	
Address: 1650 Margaret Street, Suite 302, PMB 102, Jacksonv	ille, FL 32204
Director: Nicholas H. Veneris	
Address: 1650 Margaret Street, Suite 302, PMB 102, Jacksonvi	lle, FL 32204
B. OFFICERS President: Brett C. Warner Address: 1650 Margaret Street, Suite 302, PMB 102, Jacksonv	ille, FL 32204
Vice President:	
Address:	
Secretary: Nicholas H. Veneris	
Address: 1650 Margaret Street, Suite 302, PMB 102, Jacksonv	ille, FL 32204
Treasurer: Nicholas H. Veneris	
Address: 1650 Margaret Street, Suite 302, PMB 102, Jackson	ville, FL 32204
NOTE: If necessary, you may attach an addendum to the application list. (Signature of Director or Officer listed in number)	
(Signature of Director of Officer listed in number 14. Nicholas H. Veneris, Secretary	12 of the application)
(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, **XOMBA 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 April 3, 2006, and is in good standing in this state.

O THE STATE OF THE

ROSS MILLER Secretary of State

office on July 19, 2010.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Scal of State, at my

Electronic Certificate
Certificate Number: C20100719-0222
You may verify this electronic certificate
online at http://www.nvsos.gov/

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:)2