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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: ZAINA PHARMA INC.,
Name of corporation - must include suffix
Dear Sir or Madarn:
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:
PAUL L. GUILBAUD
Name of Person
ZAINA PHARMA INC.
rim/Company
1258 W. BAY DRIVE, SUITEG
Address
LARGO FL 33770
City/State and Zip code PGUILBAUD @ ZAINAPHARMA · COM
PGULBAUD @ ZAINAPHARMA. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PAUL L. GULBAUD at (727) 543 5776
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee Certificate of Status □ \$78.75 Filing Fee Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 607.1503, FLORIDA STATU REIGN CORPORATION TO TRANSACT BUSI		D TO	8
ZAIN	A A . A		The state of	=
(Enter name of co	orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"		
	PHARMACEUTICALS 1		77. T. S.	ယ္
	ble in Florida, enter alternate corporate name adop		Florida)	24
2. DEL	4WARE 3	27 - 199 1 7 3 1 (FEI number, if applicable)	· · · · · · · · · · · · · · · · · · ·	
	under the law of which it is incorporated)	(FEI number, 11 applicable)		
4. 05/	of incorporation) 5. (Du	ration: Year corp. will cease to exist or "per	netual")	
(Date	of meorporation) (De	mation. Teal cosp. will cease to exist of per	peruur)	
6	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, I	F.S., to determine penalty liability)		
7 1400	+ ROOSEVELT BLVD, CLEA (Principal office address)	RWATER, FL 33762	180	ITE 603
			1	/
1258	W. BAY DRIVE / LARGE (Current mailing address)			
8. Distribu	Tion, Importation & Exportate) of corporation authorized in home state or country	on of Cosmetics & Pharm y to be carried out in state of Florida)	vaceu	Ticals.
9. Name and stree	t address of Florida registered agent: (P.O. Bo	ox NOT acceptable)		
Name:	PAUL L. GULBAUD	-		
Office Address:	14510 KANDI COURT	, -		
	LARGO	Florida 23774		
	(City)	(Zip code)		
designated in this further agree to co	gent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relative with and accept the obligations of my position (Registered agent's signature)	as registered agent and agree to act in the ve to the proper and complete performan	his capac	city. I

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:

A. DIRECTORS		
Chairman: SAMAL BAKER		
Address: 22 CHEMIN DES CRETS-DE -CHAMPEL	星經	28
GENEVA, SWITZERLAND 1206	Market Ma	
Vice Chairman:	552	<u> </u>
Address:		[
	33	<u>ښ</u> ,
Director: PAUL L. GUILBAUD	- 5 m	24
Address: 14510 KANDI CT, LARGO FL 33774		
Address: 4310 KM ST CA , KM CBO FC 33174		
Director: QIUSHI REN		
Address: 32 TWIGGS, IRVINE, CA 92620-283		
Address: 32 101665, 1RUINE, CA 92020-283	<u>, 8</u>	
	 	
B. OFFICERS		
President: PAUL L. GUILBAUD		
Address: 14SIO KANDI CT , LARGO FL 33774		
Vice President:		
Address:		
Secretary: JAMAL BAKER		
Address: 22 CHEMIN DES CRETS-DE-CHAMPEL, GENEVA, SWIT	ZERLAI	しり
Treasurer: PAUL L. GUILBAUD		
Address: 14510 KANDI CT, LARGO FL 33774		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or di	irectors.	
13.		
(Signature of Director of Officer listed in number 12 of the application)		
14. PAUL L. GUILBAUD - PRECIDENT CED. (Typed or printed name and capacity of person signing application)		
() pod or printed name and capacity of person signing approation)		

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZAINA PHARMA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JULY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZAINA PHARMA INC." WAS INCORPORATED ON THE NINETEENTH DAY OF MAY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

HAVE BEEN PAID TO DATE.

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DATE: 07-30-10

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 8145589