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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Mr Financial Inc
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:
Josdan Strades
Name of Person
Mr Financial
Firm/Company
2442 Take Do.
Address
Address Lakeland, Fl. 33805 City/State and Zip code Josdan G. M. Financia/1.054 E-mail address: (to be used for future annual report notification)
City/State and Zip code
Jordan Ome financialione
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (863) 698-2328 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton 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 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy 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. (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. Nr. Vach.
(State or country under the law of which it is incorporated)

3. (FEI number, if applicable) (Date of incorporation)

5. Perpetual

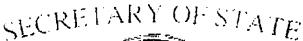
(Duration: Year corp. will cease to exist of "perpetual" (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Lakeland F1. 33805 (Principal office address) 15 (Current mailing address) (Purpose(s) of corporation 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: 244) Taboe DC

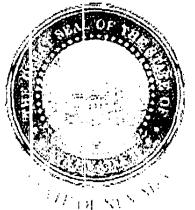
Labella J 380
(City) , Florida 380
(Zip code) Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and 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.

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors;	
A. DIRECTORS	
Chairman: Josden Strader	
Address: 2447 Tahor Dr. lakeland, F.1. 33805	
Vice Chairman: Holly Streeter	5
Address:	P 2
	2 7
Director	
Director:	25
Address:	
	
Director:	
Address:	
	
B. OFFICERS	
President: Jordan Straler Address:	
Address:/ \	
Vice President:	
Address:	
Sccretary:	
Address:	
Treasurer: Holly Strader	
Address:	
NOTE: If recognize the first of the second s	4 :
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
(Signature of Director or Officer listed in number 12 of the application)	
14 1 5 6 0 0 0	
(Typed or printed name and capacity of person signing application)	-







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, MR FINANCIAL 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 June 11, 2010, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20100712-1786
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 12, 2010.

ROSS MILLER Secretary of State