

F1000000428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

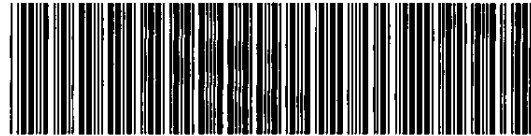
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Ps 9/29/10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MCGAVREN INVESTMENT HOLDINGS 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:

CHRISTINE E FRIES

Name of Person

SMITH, TODD, MCENTEE & CO., LLP

Firm/Company

2646 SW MAPP ROAD SUITE 203

Address

PALM CITY, FLORIDA 34990

City/State and Zip code

dmcentee@stmccpa.com

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

For further information concerning this matter, please call:

CHRISTINE E FRIES

Name of Person

at (772) 219-3226

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. MCGAVREN INVESTMENT HOLDINGS, 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. DELAWARE 3. 27-2004720
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/7/2009 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 2090 PALM BEACH LAKES BLVD, STE 300, WEST PALM BEACH, FL 33409
(Principal office address)

2090 PALM BEACH LAKES BLVD, STE 300, WEST PALM BEACH, FL 33409
(Current mailing address)

8. INVESTING; ANY AND ALL LAWFULL BUSINESS
(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: WILLIAM J MCENTEE III

Office Address: 2090 PALM BEACH LAKES BLVD STE 300
WEST PALM BEACH, Florida 33409
(City) (Zip code)

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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.

X 
(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:

A. DIRECTORS.

Chairman: BRUNO REGALI, SOLE DIRECTOR

Address: SCHLIERENSTRASSE 16

8142 UITIKON WALDEGG, SWITZERLAND

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: BRUNO REGALI

Address: SCHLIERENSTRASSE 16

8142 UITIKON WALDEGG, SWITZERLAND

Vice President: _____

Address: _____

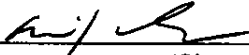
Secretary: _____

Address: _____

Treasurer: WILLIAM J MCENTEE III

Address: 2090 PALM BEACH LAKES BLVD, STE 300, WEST PALM BEACH, FL 33409

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

13. X 
(Signature of Director or Officer listed in number 12 of the application)

14. WILLIAM J MCENTEE III, CFO

(Typed or printed name and capacity of person signing application)

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PALM BEACH, FL 33409

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MCGAVREN INVESTMENT HOLDINGS, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2010.

APPROVED
FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8237857

DATE: 09-20-10