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| Certified Copies | Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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T. Burch OCT 2 9 2010

COVER LETTER

| TO: New Filing Section Division of Corporations | $\Omega \wedge$ | |
|---|---|--|
| SUBJECT: PEEK LAW 1:2 | M. V.C. | |
| Name of corporation - must i | nclude suffix | |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporation for Authoriz "Certificate of Existence," or "Certificate of Good Standing" an above referenced foreign corporation to transact business in Flo | d check are submitted to register the | |
| Please return all correspondence concerning this matter to the fo | ollowing: | |
| K STAN POOLA | | |
| Name of Person | | |
| PEELER LAW FIXM | P.C. | |
| Firm/Company | , | |
| 25 April Dail | STR A | |
| Address | | |
| BOZEAN MT 59 | 718 | |
| City/State and Zip co | ode | |
| PERICK/AWGHICKS @) | mail. Com annual report notification) | |
| E-mail address: (to be used for future | annual report notification) | |
| For further information concerning this matter, please call: | | |
| $\ell \subset \Lambda$ | | |
| 1. STAN VEE LA at (404) 587-5653 | | |
| 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 2661 Executive Center Circle | P.O. Box 6327 Tallahassee, FL 32314 | |
| Tallahassee, FL 32301 | Tallallassee, 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 & Certificate of Status & Certified Copy | |

FACSIMILE TRANSMITTAL SHEET

DATE: 10.28.10

TO: Attention: Tim Burch

FAX: 850-245-6804 / 850 - 245-4013

FROM: R. Stan Peeler, Peeler Law Firm, P.C.

TRANSMITTING FAX NO: (406) 586-8657

NUMBER OF PAGES (INCLUDING THIS COVER SHEET):1

MEMO:

Tim,

I established in September Peeler Law Firm as a Florida corporation and dissolved the corporation the same month, I have no intention of re-establishing it as a corporation, as a consequence the name is available.

Thank you,

Stan

10 OCT 29 PH I2: 0.

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 POREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. | 2010 | |
|---|---|------|
| 1. Declea Law Film, P.C. | 8CT | -17 |
| (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") | 25 PH 2: | ILED |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida | 64 | |
| 2. MONTANA 3. 81-0530014 | | |
| (State or country under the law of which it is incorporated) (FEI number, if applicable) | _ | |
| 4. Avaust 1,2001 5. PERPETCAL | | |
| (Duration: Year corp. will cease to exist or "perpetual") | - | |
| 6. Nove A5 of this date | | |
| (Date first transacted business in Florida, if prior to registration) | - | |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) | مار | |
| 7. 25 ADEX DRIVE, STE A, BOZEMAN, MY. | 597 | 18 |
| (Principal office address) | | |
| SAME | | |
| (Current mailing address) | | |
| 8. LAW PRACTICE | | |
| (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: K, STAN PEELER | | |
| Office Address: 201 E. GOVEWMENT ST. | | |
| PENSACO/A , Florida 52502 | | |
| (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:

| A. DIRECTORS | |
|---|---|
| Chairman: N. STAN PEELER | Size .nat |
| | |
| | ● F F F F F F F F F F F F F F F F F F F |
| Vice Chairman: | - इंडि अ |
| Address: | |
| | · · · · · · · · · · · · · · · · · · · |
| Director: | > 6 |
| Address: | |
| | |
| Director: | |
| | |
| Address: | |
| | |
| B. OFFICERS | |
| President: STAN PECK | |
| Address: SAME AS ALOUE | |
| | |
| Vice President: | |
| | |
| Address: | |
| | |
| Secretary: | |
| Address: | |
| Treasurer: | |
| Address: | |
| NOTE: If necessary, you may attack an addendum to the application lis | ting additional officers and/or directors |
| | ting additional officers and/or directors. |
| 13. Signature of Director or Office | cer |
| The officer or director signing this document (and who is listed in number | er 12 above) affirms that the facts stated herein |
| are true and that he or she is aware that false information submitted in a cathird degree felony as provided for in s.8/7,155, F.S. | document to the Department of State constitutes a |
| 14. K. STAN MEELEN PRESIDE | PENT / 100% OWNER |
| (Typed or printed name and capacity of person s | |

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SECRETARY OF STATE

STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

PEELER LAW FIRM, P.C.

duly filed its Articles of Incorporation in this office on 1 August 2001, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 18 October 2010.

LINDA MCCULLOCH Secretary of State

Finde Mc Cullack

Certified File Number: D111089