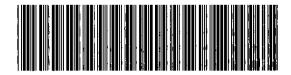
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Certified Copies	Certificates	of Status
Special instructions to F	iling Officer:	

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Veteran's Employment Agency, 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:
Harold Bain
Name of Person
e-TaxPro
Firm/Company
146 Main Street, Suite 105
Address
Los Altos, CA 94022
City/State and Zip code
harold@e-taxpro.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Harold Bain at (650) 492-8175
Name of Person Area Code & Daytime Telephone Number
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
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\sum_{\text{Certified Copy}}\$78.75 Filing Fee \$\sum_{\text{Certified Copy}}\$878.75 Filing Fee, \$\sum_{\text{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.

(If name unavail	able in Florida, enter alternate corporate name adopted for the purpose of transacting busir 3. 27-1957311	iess in Fl	orida)	
	under the law of which it is incorporated) (FEI number, if applicable))		
4. Jan 1 2010	5 Permatica 1			
	5. Perpetua 1 (Duration: Year corp. will cease to exist or	or "perpet	tual")	
6			· · · · · · · ·	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			
- 3007 Cinka				
7. 3907 GIIIKU	Way, Sacramento CA 95834 (Principal office address)			
146 Main	Street, Suite 105, Los Altos CA 94022			
(Current mailing address),		3 6	20	
	The second secon	7×1	2010 NOV	TAST!
8) of corporation authorized in home state or country to be carried out in state of Florida)		= 2	W.23
	<u>:</u>	ARY:	29	j. ∯ j. na
9. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)		PH 3: 47	[Arm.
Name:	Anthony White	VOLVE VOLVE	မ္	.
Office Address:	126 Highland Street	3r:	-1	
	Edgewater , Florida 32132 (Zip code)			
	(City) (Zip code)			
10 Pagistared a	gent's acceptance:			
	ed as registered agent and to accept service of process for the above stated corpo	ration a	it the p	lace
	application, I hereby accept the appointment as registered agent and agree to acomply with the provisions of all statutes relative to the proper and complete perfo			
	omoly with the orovisions of all statutes relative to the broner and comblete berta	rmance	eoj my	aunes

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: Irvin Goodwin Address: 3907 Ginko Way, Sacramento CA 95834 Vice Chairman: Address: _ Director: Irvin Goodwin Address: 3907 Ginko Way, Sacramento CA 95834 Director: Address: _ **B. OFFICERS** President: Irvin Goodwin Address: 3907 Ginko Way, Sacramento CA 95834 Vice President: Address: Secretary: Lashanda Holland Address: 3907 Ginko Way, Sacramento CA 95834 Treasurer: Harold Bain Address: 146 Main Street, Suite 105 Los Altos CA 94022 **NOTE:** If necessary, you may attach an addendum to the application listing diditional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14 Irvin Goodwin

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

VETERAN'S EMPLOYMENT AGENCY, INC.

FILE NUMBER:

C3271959

FORMATION DATE:

12/23/2009

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

2010 NOY 29 PH 3: LT

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 24, 2010.

DEBRA BOWEN
Secretary of State