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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 12/21/10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PIXIERAMA ENTERPRISES, 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:

EDMONDO CATALFAMO

Name of Person

Firm/Company

8794 BOYNTON BEACH BLVD., SUITE # 214

Address

BOYNTON BEACH, FL 33472

City/State and Zip code

EDDIE@MEDESTEUSA.COM

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

For further information concerning this matter, please call:

EDMONDO CATALFAMO at (561) 994-8308

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

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



MEDESTEА

USA HOLDING, INC.

Florida Dept. of State
Attn: P. Smith
PO Box 6327
Tallahassee, FL 32314

Re: Certificate of Good Standing

To Whom It May Concern:

Please find attached from the State of Delaware our Certificate of Good Standing. We would like to have the Foreign filing of Pixierama Enterprises, Inc. completed. If you have any questions, concerns or need additional information feel free to contact us at;

Office - 561-994-8308 ext. 820
Cell - 561-346-5893
Email - cjohnson@medesteausa.com

Again, please contact us by phone if you incur any difficulties or problems.

Thanks

Christopher Johnson
Accounting Dept.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2010

EDMONDO CATALFAMO
8794 BOYNTON BEACH BLVD, SUITE #214
BOYNTON BEACH, FL 33472

SUBJECT: PIXIERAMA ENTERPRISES, INC.
Ref. Number: W10000056938

We have received your document for PIXIERAMA ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 810A00028522

**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. PIXIERAMA ENTERPRISES, 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

(State or country under the law of which it is incorporated)

3. APPLIED FOR

(FEI number, if applicable)

4. 11/24/2010

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 12/01/2010

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

7. 8794 BOYNTON BEACH BLVD., SUITE # 214, BOYNTON BEACH, FL 33472

(Principal office address)

8794 BOYNTON BEACH BLVD., SUITE # 214, BOYNTON BEACH, FL 33472

(Current mailing address)

8. ANY AND ALL LAWFUL 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: EDMONDO CATALFAMO

Office Address: 8794 BOYNTON BEACH BLVD., STE # 214

BOYNTON BEACH

(City)

, Florida 33472

(Zip code)

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TALLAHASSEE, FLORIDA

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: EDMONDO CATALFAMO

Address: 8794 BOYNTON BEACH BLVD., SUITE # 214

BOYNTON BEACH, FL 33472

Vice President: KENNETH PAVES

Address: PO BOX 7429

SANTA MONICA, CA 90406

Secretary: EDMONDO CATALFAMO

Address: 8794 BOYNTON BEACH BLVD., SUITE # 214, BOYNTON BEACH, FL 33472

Treasurer: _____

Address: _____

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

13. _____

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. EDMONDO CATALFAMO

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIXIERAMA ENTERPRISES, 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 EIGHTH DAY OF DECEMBER, A.D. 2010.


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SECRETARY OF STATE
ATLANTA, GEORGIA

4903267 8300

101162190

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8411434

DATE: 12-08-10