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COVER LETTER

Division of Corporations	
SUBJECT: Intergalactic Beach	d & Jewelry Shows, Inc
	of corporation - must include suffix
Dear Sir or Madam:	
	orporation for Authorization to Transact Business in Florida," of Good Standing" and check are submitted to register the ransact business in Florida.
Please return all correspondence concernir	ng this matter to the following:
Arun Yadav	
	Name of Person
Intergalactic Bead & Jewel	ry Shows, Inc
	Firm/Company
3865 Lawrenceville Hwy, S	Suite 107
•	Address
Lawrenceville, GA 30044	\mathbb{R}^{7}
Comment of the	City/State and Zip code
danielle.doolan@beadshows.co	om :
E-mail address:	: (to be used for future annual report notification)
For further information concerning this ma	atter, please call: AHE AHE AHE AHE AHE AHE AHE AH
Danielle Doolan	at (678) 924-0818
Name of Person	Area Code & Daytime Telephone Number MAILING ADDRESS:
STREET/COURIER ADDRESS New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount	unt:
\$70.00 Filing Fee \$78.75 Filing Certificate of	

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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 Intergalactic	: Bead & Jewelry Shows, Inc		•	
(Enter name of	corporation; must include "INCORPORAT Corp." "Inc." "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	_
2. Georgia . (State or country 4. 09/19/2006	y under the law of which it is incorporated)	_ 3.	adopted for the purpose of transacting business in Florida) 56-2612047 (FEI number, if applicable) Perpetual (Duration: Year corp. will cease to exist or "perpetual")	-
6. <u>08/27/2011</u>	<u> </u>		·	
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	as i 7.1.	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	_
7 3865 Lawr	renceville Hwy, Suite 107 Lav	wn	enceville, GA 30044	
<u> </u>	(Principal office			-
3865 Law	renceville Hwy, Suite 107 I	_a	wrenceville. GA 30044	
	(Current mailing			•
· —	ow Promoter			_
(Ршрозе((a) of corporation authorized in home state of	F CC	suntry to be carried out in state of Florida) $\geq_{C_1}^{C_2}$	33
9. Name and stre	et address of Florida registered agent: (P.C). Box NOT acceptable)	
		•	AT .	
Name: 1311	Cheryl Bascome			ယ် ကြ
Office Address:	1371 NE 415 84		The same	,
	OAKLAND PARK (City)		Florida 335375	Z
	(City)		(Zip code)	
10 Paristand a				3
Having been nan designated in this	s application, I kereby accept the appoi	nin	ce of process for the above stated corporation at the p nent as registered agent and agree to act in this capa	etty. I
further agree to c and I am familia	comply with the provisions of all statute r with and accept the obligations of my	pos	viative to the proper and complete performance of m sillon as registered agent.	y duties,
	Olly Bascame			
	Registered agent's signatu	TD)		

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: Arun Yadav	<u>=1</u>
Address: 3865 Lawrenceville Hwy, Suite 107 Lawrenceville, GA 30044	
	NA -
Vice President: Arun Yadav	တိုင္ျပ
Address: 3865 Lawrenceville Hwy, Suite 107 Lawrenceville, GA 30044	25. 25.

Secretary: Arun Yadav	
Address: 3865 Lawrenceville Hwy, Suite 107 Lawrenceville, GA 30044	
Treasurer: Arun Yadav	
Address: 3865 Lawrenceville Hwy, Suite 107 Lawrenceville, GA 30044	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	d/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	ne facts stated herein
are true and that he or she is aware that false information submitted in a document to the Departme third degree felony as provided for in s.817.155, F.S.	
Arun Yaday - President	

Control No. 0678087

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia hereby certify under the seal of my office that

INTERGALACTIC BEAD & JEWELRY SHOWS, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 09/19/2006 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 8th day of July, 2009

Karen C Handel Secretary of State

Haun CHandel

Certification Number: 4466035-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp

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