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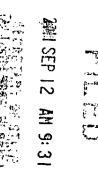
(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: City Traders, 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	er to the following:			
Imtyaz Isani				
Name of Person				
City Traders Inc				
Firm/Company				
2179, Northlake Parkway # 10	06			
Add	lress			
Tucker GA 30084				
City/State	and Zip code			
imtyaz@gmail.com				
E-mail address: (to be used	l for future annual report not	ification)		
For further information concerning this matter, please call: Imtyaz Isani Area Code & Daytime Telephone Number				
Imtyaz Isani at (404) 4290506				
Med Code & Daytime Telephone Hamoer				
		DRESS: ↓ Su		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADI New Filing Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion porations		
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$\text{Certificate of Status}\$	\$78.75 Filing Fee & Certified Copy	S87.50 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.

City Traders			
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"	
diamonds			
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)	
Georgia, U	SA 3.	58-2493326	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
09/01/1999	9	Perpetual	
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
2179, North	nlake Parkway # 106 Tucker G	GA 30084 (Mailing Address) dress) HFL 32771 (New Location)	
	(Principal office add	dress)	
141 Tow	n Center Circle Sanford	IFI 32771 /Non Location)	
1111011	(Current mailing add	dress)	
	(
Retail Jewe	elry Store		
	s) of corporation authorized in home state or c	country to be carried out in state of Florida)	
Name and stree	et address of Florida registered agent: (P.0	O. Box NOT acceptable)	
Name:	Imtyaz Isani	<u> </u>	
ffice Address:	141 Towne Center Circle		
	Sanford	Florida 32771	
	(City)	(Zip code)	
Registered as	gent's acceptance:	<u>ب</u> ب المراقبة	
.,		rice of process for the above stated corporation at The place	
signated in this	application, I hereby accept the appoint	ment as registered agent and agree to act in this capacity.	
		relative to the proper and complete performance of my dut	
id I am Jamiliar	with and accept the obligations of my po	osition as registered agent.	
	(7		
_	(Begistered 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: Imtyaz Isani	
Address: 544 Grove Creek Ct Sw	
Lilburn GA 30047	
Vice President:	
Address:	SE
	P
Secretary:	
Address:	9. 1
Treasurer:	क्षेत्र थ
Address:	
NOTE: If necessary, you may attach an adderdum to the application listing addi	tional officers and/or directors.
13	
The officer or director signing this document (and who is listed in number 12 abo	ve) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a document third degree felony as provided for in s.817.155, F.S.	
14 Imtvaz Isani, President	

Control No. K937216

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

CITY TRADERS, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 09/01/1999 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 3rd day of September, 2011

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 7714368-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp