Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000238292 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser. from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 : (302)645-7400 Fax Number : (302)645-1280

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: ferberot@hotmail.com

## FOREIGN PROFIT/NONPROFIT CORPORATION Illusions Studios USA Corp.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Electronic Filing

Corporate Filing Menu

T. Burch @ST " 3 2011

Menu

(((H11000238292 3)))

APPLICA			ON FOR AUTHORIZATION TO TRANSACTION FLORIDA	=
	öggittes	, CA	TE CONTON	SEP
IN COMPLIANCE REGISTER A FOR	WITH SECTION 607.1503, FLORIDA LEIGN CORPORATION TO TRANSAC	t Si	FATUTES, THE FOLLOWING IS SUBMITTED TO	P 30
1. Illusions Studio	s USA Corp.		<u>්</u> ල	
(Enter name of co	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp:")	ED,	"COMPANY," "CORPORATION,"	PH 4: 50
(If name anavails	ble in Florida, enter alternate corporate na	nto	adopted for the purpose of transacting business in Florida)	
2. Delaware		•		
	under the law of which it is incorporated)	٠,	(FEI number, if applicable)	
4 February 5, 20	08	5	porpetual	
	of incorporation)	₩	(Duration: Year corp. will cease to exist or "perpetual")	
6. No business in	ensacted in Florida prior to registration			
V	(Date first transacted busines		n Florida, if prior to registration) 02, F.S., to determine penalty liability)	
13590 SW 73rd	Court, Pinecrest, FL 33156			,
1	(Principal office:	add	<b>?€</b> \$\$)	
13590 SW 73rd	Court, Pinecrest, FL 33156			
10001.0111010	(Corrent mailing)	udd	ress)	
		•		
g. Any legal purpo	se			
(Purpose(s	) of corporation authorized in home state o	r ce	untry to be carried out in state of Florida)	
9. Name and stree	t address of Florida registered agent: (	P.C	Box NOT acceptable)	
Name:	Fernando O. Berot		·	
Office Address:	13590 SW 73rd Court			
			Providential	
	Pinecrest (City)		Florida 33156 (Zip code)	
	(City)		(Zip cody)	
Having been nam designated in this further agree to co and I am familiar	application, I hereby accept the appolements with the provisions of all statute with and accept the obligations of my (Registered agent's signature)	po po	ce of process for the above stated corporation at the planent as registered agent and agree to act in this capacity elative to the proper and complete performance of my distitution as registered agent.  not more than 90 days prior to delivery of this application	utlex,
the Department of	certificate of existence duty authenticat State, by the Secretary of State or othe which it is incorporated.	£0,	not more than 90 days prior to delivery of this application flicial having custody of corporate records in the jurisdict	ion `

(((H11000238292 3)))

	(((H11000238292 3)))					
12. Names and business addresses of officers and/or directors:		Ţ		S		
A. DIRECTORS				Ŧ	_	
Chairman:				30		
Address:			S.T.	22	C	
			24	#:		
Vice Chairman:			A Police	80		
Address:			****			
Director:				· · · · · · · · · · · · · · · · · · ·		
Director:						
Address:					•	
B. OFFICERS						
President: Fernando O. Berot						
Address: 13590 SW 73rd Court						
Pinecrest, FL 33156						
Vice President:						
Address:						
					-	
Secretary:	attende engag te e		<u>.</u>			
Address:						
Treasurer:		•				
Address:	······································					
1/4/						
NOTE: If necessary, you may such an addendum to the application listing	additional offic	ers and/or di	irectors.			
13. (Signature of Director or Officer listed in number 12 of	of the application	n)	, 			
(Signature of Director of Officer disted in milmoer 12 to	u me aphinano					
(Typed or printed name and capacity of person sign	ing application)					

Am SEP 30 附 年 1

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ILLUSIONS STUDIOS USA CORP." 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ILLUSIONS STUDIOS USA CORP." WAS INCORPORATED ON THE FIFTH DAY OF FEBRUARY, A.D. 2008.

4500270 8300

111057529



AUTHENTICATION: 9064308

DATE: 09-30-11

(((H11000238292 3)))