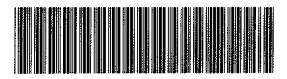
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SECRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Moola Street, Inc. Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact "Certificate of Existence," or "Certificate of Good Standing" and check are submabove referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
LOUIS CORBO	
LOUIS CORBO Name of Person	
MOOLA STREET INC.	
Firm/Company	
MOOLA STREET INC, Firm/Company 1342 AUGUSTINE DRIV	E
Address	
THE VILLAGES, F/ 321 City/State and Zip code LOUCORBO @ MOOLASTREET	59
City/State and Zip code	_
LOUCORBO @ MOOLASTREET	· COM
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, please call:	
Name of Person at (352) 346 O19 Area Code & Daytime Telephon	9 e 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:	ion porations
\$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

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.

							Æg	,,	
(If name unavail	able in Florida, en	ter alternate corporate	e name adoj	pted for the	purpose of tra	nsacting	busi ness ii	n Florida	-
		which it is incorporate					455F	7	
							- T	70	
7-3	26-11		5	perpel	ual		85		ر سائنگیا از ا
(Date	of incorporation)		(D	uration: Y	ear corp. will o	ease to e	bt "be	rpetual")	, ,
					 				
	(SEE SE	te first transacted bus CTIONS 607.1501 &	607 1502	FS to de	termine nenalty	liability) 4		
1342 1	AUGUST	(Principal offi	VE,	THE	VILLAGI	E5	F/, 3	321	59
<u></u>	,	(Principal offi	ice address))	· / · · · · · · · · · · · · ·				_ /
11	11	11		"	10		11	• •	
		(Current maili	ng address))					
TNTEK (Purpose(s	S) of corporation at	90VERT 13 athorized in home sta	5/100 te or countr	ry to be car	oTher ried out in state	6 G	ia)	CA	<u>A</u> RL
Name and stree	et address of Flor	ida registered agent	t: (P.O. Bo	ox <u>NOT</u> a	acceptable)				
Name:	COUIS (CORBO		-					
fice Address:	1342 A	PUGUSTIA	IE I	Rive	-				
	THE	146USTIN VILAGES (City)		_ _ , Florida	3215	9			
		(City)		_	(Zip code)				

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.

ATTACKE AND AND

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	11 OCT 17 PM 4: 05
Chairman: LOUIS CORBO	
Address: 1342 ANGUSTINE DRIVE	SECHETAHT OF STATE TALLAHASSEE FLORIDA
THE VILLAGES F1. 32159	
ice Chairman: DEL CURRIE	
address: 7154 CONVOY COURT	
SAN DIEGO, CA 92.	///
Director: LOUIS CORBO	
address: 1342 AUGUSTINE DRIVE	
THE VILLAGES F/32159	A = 4-000
Director: DEL CURRIE	
Address: 7154 CONVOY COURT	
_ SAN DIEGO, CA 92111	
B. OFFICERS	
resident: LOUIS CORBO	
ddress: 1342 AUGUSTINE DRIVE	
THE VILLAGES F1. 32159	
ion Prosident: DEL CURRIE	
ddress: 7154 CONVOY COURT	
SAN DIE 60 CA 92111	
ecretary: LOUIG CORBO	
reasurer: LOUIS CORBO	he VI 1/AGES F/ 3215
reasurer: LOUIS CORBO	
reasurer: LOUIS CORBO ddress: 1342 AUGNSTINE DRIVE, THE	EVILLABES, F/32150
OTE: If necessary, you may attach an addendum to the application listing ac	dditional officers and/or directors.
3. Signature of Director or Officer	
Signature of Director or Officer	the control of Comments and the Control of the cont
the officer or director signing this document (and who is listed in number 12 are true and that he or she is aware that false information submitted in a docum	
aird degree felony as provided for in s.817.155, F.S.	ion to the population of State constitutes a
4. LOUIS CORES PRESIDENT	
(Typed or printed name and capacity of person signing	g application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MOOLA STREET, 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 FIFTH DAY OF OCTOBER,

A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED

11 OCT 17 PH 4: 05

SECRETARY OF STATE
PALLAHASSEE FLORIDA

5007565 8300

111074103

AUTHENTICATION: 9075445

DATE: 10-05-11

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