# F12000000169

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

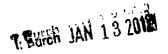
Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Conserva 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:		
Circe Vidal		
Name of Person		
Conserva Inc.		
Firm/Company		
390 West 53 Terrace		
Address		
Hialeah, Florida 33012		
City/State and Zip code		
circe1277@yahoo.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Circe Vidal at (786 ) 768-9554		
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 & S78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy		

	3, FLORIDA STATUTES, THE FOLLOWING IS SUBMERED TO
	O TRANSACT BUSINESS IN THE STATE OF FLORIDAD N
1. Conserva, Inc  (Enter name of corporation; must include "IN  "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp."	CORPORATED," "COMPANY," "CORPORATION,"
(If name unavailable in Florida, enter alternat	corporate name adopted for the purpose of transacting business in Florida)
2. Montana	3
(State or country under the law of which it is i	
4. December 07, 2007	<sub>5.</sub> Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. Not Currently Operational	
(Date first tran	acted business in Florida, if prior to registration) 7.1501 & 607.1502, F.S., to determine penalty liability)
<sub>7.</sub> 1215 11th Avenue, Helena, M	
	ncipal office address)
390 West 53 Terrace, Hialea	·
(Cu	rent mailing address)
	Loose Cargo, Domestic & International home state or country to be carried out in state of Florida)
• • • •	•
<ol> <li>Name and <u>street address</u> of Florida registe</li> </ol>	ed agent: (P.O. Box NOT acceptable)
Name: Circe Vidal	
Office Address: 390 West 53 Terra	e
Hialeah	. Florida 33012
(City)	, Florida 33012 (Zip code)

#### 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: Circe Vidal Address: 390 West 53 Terrace Hialeah, FL 33012 Vice Chairman: Address: \_\_\_\_\_ Director: **B. OFFICERS** President: Circe Vidal Address: 390 West 53 Terrace Hialeah, FL 33012 Vice President: Address: \_\_\_\_\_ Secretary: \_ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Circe Vidal, President

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# SECRETARY OF STATE

## STATE OF MONTANA

### CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby

CONSERVA, INC.

duly filed its Articles of Incorporation in this office on 7 December 2007, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 20 December 2011.

And Mc Cullan

LINDA MCCULLOCH Secretary of State

Certified File Number: D178208

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