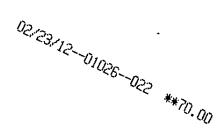
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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#### **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: Lowie The Liquein Ator, 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:			
Name of Person			
Louie The Liquidator, INC.			
28520 Bonita Crossings Blud.			
Bowith Springs F1. 34134 City/State and Zip code			
Louie Louie The Liquida 70R. Com  E-mail address: (to be used for plure annual report notification)			
For further information concerning this matter, please call:  Robert Roumat 239 - 370 - 381 (23)	· · · · ·		
Robert Rohm at (239 - 370 - 381 & Area Code & Daytime Telephone Number 2	41/34		
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	<b>1</b> ( )		
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy 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. LORIE The LiquiDATOR TNC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

3. 45-25714545

(FEI number, if applicable) (Date of incorporation)

5. Per perus
(Duration: Year corp. will cease to exist or "perpetual") None YeT (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

8520 Bowita Chossings Blud

(Principal office address)

Owith Springs Fl. 34134

(Current mailing address) BAWK rup 7 c y 5 - Ouer 5 TOCK 5

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Robert Rollm

Office Address: 28520 Bowith Crossings Blue

Bowith Springs, Florida 34134

(City) (City)

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)

<sup>11.</sup> 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:	
Address.	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Robert Rottm  Address: 28520 Bowith Crass  Bowith Springs	
28528 Reneita Crass	sings Blud.
Address. R. Co. 165	E1 311311
DONIA Sprungs, 1	-1. 24139
Vice President:	ALL 2012
Address:	<u> </u>
	SS 22
Secretary:	Te a in
Address:	्रिट्ट <b>प्र</b> े
Treasurer:	धान 💆
Address:	
	1
NOTE: If new sarry you may attach an addendum to the application	on listing additional officers and/or directors.
Signature of Director of	r Officer
The officer or director signing this document (and who is listed in r	number 12 above) affirms that the facts stated herein
are true and that he or she is aware that false information submitted third degree-felony as provided for in s.817.155, F.S.	in a document to the Department of State constitutes a
14. Robert Rottu	President
(Typed or printed name and capacity of pe	rson signing application)

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOUIE THE LIQUIDATOR, 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 SIXTH DAY OF FEBRUARY, A.D. 2012.

2012 FEB 23 AM 9: 31



Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 9344878

DATE: 02-06-12

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