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(Re	questor's Name)	<del>-</del> ·
. (Address)		
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(Cit	y/State/Zip/Phone	<del>: #)</del>
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

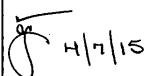
Office Use Only



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### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Heaven's Ray	nbow, Incorporated ion - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation of "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	standing" and check are submitted to register the	
Please return all correspondence concerning this ma	tter to the following:	
Kurladi Buda		
Kimberly B	of Person	
lland la Par	1	
Heaven's Rainbow, Inc.		
	1 2	
3200 NW 62 Ave, #	73	
Au	ICHESS	
Margate, FL 3 City/State	13 <i>063</i>	
City/State	e and Zip code	
heavensoninhowing a ne	treation	
heavenstain bowing @ ne- E-mail address: (To be use	ed for future annual report notification)	
For further information concerning this matter, pleas	e can.	
Kimberly Burke at (4/2) 377-7542		
Name of Person Area Code & Daytime Telephone Number		
CEDEET/COUDIED ADDDCCC		
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS:	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314 $\frac{1}{2}$ $\frac{1}{\omega}$	
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$78.75 Filing Fee &		
Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy □ Certificate of Status	

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. Heaven's Kunbow, Incorporated
(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) Pennsylvania
(State or country under the law of which it is incorporated)

3. 25-1896241
(FEI number, if applicable) September 4, 2001
(Date of incorporation)

5. | lerpe fual (Duration: Year corp. will cease to exist or "perpetual") NA (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 508 Princeton Blvd, Pittsburgh, PA 15221
(Principal office address)

3200 NW 62nd Avenue, #73, Margate, FL 330,63
(Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Kimberly Burke 6551 Sultaire Terrace Name: Office Address: Margate, Florida 33063
(City) (Zip code) 9. 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.

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS FILED Chairman: Margale, FL 33063 Vice Chairman: Address: Address: \_\_\_\_\_ **B. OFFICERS** Saltaire Terrace Address: Vice President: Address: \_\_\_\_\_ Secretary: \_\_\_ Treasurer: 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. Kimbelly Burke - President

(Typed or printed name and capacity of person signing application)

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

MARCH 16, 2015

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### **HEAVEN'S RAINBOW, INC.**

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Acting Secretary of the Commonwealth

Pedus Cr. Contés

Certification Number: 12488300-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp