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(Re	questor's Name)		
(Address)			
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
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AUG 17 2015 J SHIVERS

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
•	ONAL TRADING, INC	2	
SUBJECT:	, 		
	Name of corporation	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora	ertificate of Good Sta	nding" and check are sul	
Please return all correspondence LYSLEI CHIRICO	concerning this matte	r to the following:	
MEL CORPORATE MANAGEME	Name of NT, INC	Person	
4700 NW BOCA RATON BLVD S'	Firm/Con I'E 202	npany	
BOCA RATON, FL 33431	Addr	ess	
ELO@ELOENTERPRISES.US	City/State a	and Zip code	
E-mail	address: (to be used	for future annual report	notification)
For further information concerning	ng this matter, please	call:	·
LYSLEI CHIRICO	561 at (	544-8862	
Name of Person	Area Coo	le Daytime Telep	hone Number
STREET/COURIER Al Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	lection orporations 7
Enclosed is a check for the follow	ving amount:		
	75 Filing Fee & Cificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status &

24 5

### 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. ISLES INTERNATIONAL TRADING, INC 1. (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) 61-1754312 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) PERPETUAL (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4700 NW BOCA RATON BLVD STE 202, BOCA RATON, FL 33431 (Principal office address) 4700 NW BOCA RATON BLVD STE 202, BOCA RATON, FL 33431 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MEL CORPORATE MANAGEMENT, INC Name: 4700 NW BOCA RATON BLVD STE 202 Office Address: BOCA RATON. , Florida (City)

#### 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.

(Registered agent's signature)

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.

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11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: \_\_\_\_\_ Vice Chairman: Address: Director: Address: \_\_\_\_ Director: **B. OFFICERS** Address: MEL CORPORATE MANAGEMENT, INC Vice President: 4700 NW BOCA RATON BLVD STE 202 Address: BOCA RATON, FL 33431 Secretary: Address: Treasurer: 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 11 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. 13. Lyslei Chiries - Residue of Hellory. Mrgt.

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

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "ISLES INTERNATIONAL TRADING 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 FIRST DAY OF

AUGUST, A.D. 2015.

15 AUG | 4 AM | 1: 28

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Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 2608711

DATE: 08-01-15

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