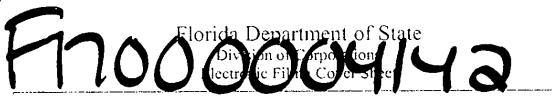
Division of Corporations



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Division of Corporations

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FOREIGN PROFIT/NONPROFIT CORPORATION

Bally Commercial Inc.

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BALLY COMMERCIAL INC.	
Name of corporation - must include suffix	<del></del>
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florid "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.	ia,'' ⊙
Please return all correspondence concerning this matter to the following:	
PAULO MIRANDA	
Name of Person	
PSM CORPORATE SERVICE .	
Firm/Company	
1001 BRICKELL BAY DRIVE #2406	
Address	
MIAMI, FL 33131	
City/State and Zip code	
PSM@PSMCORPORATE.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LEONARDO ANDRADE 305 456-3752	
Name of Person at (305 Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Cition Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy	Status &

## 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.

ble in Florida outer alternate cornorate aucus od	ionted for the purpose of transaction by	Singes in Plantida
	·	
y under the lass of which it is incorporated)	(FEI number, if applica	thle)
of incorporation)	(Unite of duration, if other than	perpetual)
(Date first transacted business in F	lorida, if prior to registration) 2. F.S. to determine negative liability)	
4, Village Road, P.O. Box N-4589, Nassau, Bal		
BAY DRIVE, SUITE 2406. MIAMI, FL 33 (3)	1	
(Current mailing	address, if different)	No. 18
	( )	A A S
• • • • • • • •	Box NOT acceptable)	<u> </u>
C 1 Corporation System	_ <del></del>	Ω. <u>σι</u>
1200 South Pine Island Road	<del></del>	13°
Plantation, FL	Florida 33324	5
(City)	(Zip code)	, 0
	3. 2 y under the law of which it is incorporated)  5. of incorporation)  (Date first transacted business in It (SEE SECTIONS 607.1501 & 607.150  14. Village Road, P.O. Box N-4589, Nassau, Ba (Principal BAY DRIVE, SUITE 2406, MIAMI, FL-33.3  (Current mailing Laddress of Plorida registered agent: (P.O. C.T Corporation System  1200 South Pine Island Road  Plantation, FL	of incorporation)  (Date of duration, if other than  (Date of duration, if other than  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  14. Village Road, P.O. Box N-4589, Nassau, Bahamas  (Principal office address)  BAY DRIVE, SUITE 2406, MIAMI, FL-33:31  (Current mailing address, if different)  Laddress of Plorida registered agent: (P.O. Box NOT acceptable)  CT Corporation System  1200 South Pine Island Road  Plantation, FL  (City)  Florida  (Zip code)

the Department of State, by the Secretary of State of other official having custody of corporate records in the jurisdiction under the law of which it is incorporated,

Chairmar	Maria Silvia Braz Goncalves Luz			
	Pro Lord Carlos Passage 410 and 207			
Acutess.	Barra da Tijuca. Rio de Janeiro - Brazit. 22775-055			
Vice Cha	issuus:			
Director;				
				·
Director:				
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		•	· .	
H. OFF				
President:	Maria Silvia Braz Genealves Luz			
Address:	Run Luir Corlos Brayler 410 ppt 327			
	Barra da Tijuca, Rio de Janeiro - Benzil. 22778-055			
Vice Presi	dent:	<b>*</b>	SS FE	
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			<u></u>	ELIEN FLIEN
Secretary		٤	I.	i
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Prensurer:		15 ; 1		
Address:				
YOTE:	f pecessary, you may attach an addendum to the application listing additional officers and/	or directo	rs.	- <del></del>
<u></u>	Signature of Director or Of ther			
re true a	er or director signing this document (and who is listed in number 1 habove) affirms that the or she is aware that false information submitted in a document to the Department gree felony as provided for in s.\$17.155, F.S.			
	Silvia Braz Gonculves Luz			

