F9600000002346

TO: Quantication/Tax Lien Section Division of Corporations

SUBJECT: LVT WORLD & LIFE TRADING INC. W96-5791

(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", 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:

VALENTINA TENETKINA
(Name of Person)

LVT WORLD & LIFE TRADING INC.
(Firm/Company)

1634 SE HIGDON Cr. P.
(Address)

POPT ST. Lucie, FL -3 4852
(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

VALENTINA TENETHINA at (407) 335-8113
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 18, 1996

VALENTINA TENETKINA LVT WORLD & LIFE TRADING INC 1634 SE HIGDON CT PORT ST LUCIE, FL 34952

SUBJECT: LVT WORLD & LIFE TRADING, INC. Ref. Number: W96000005791

We have received your document for LVT WORLD & LIFE TRADING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualif(ration" in lleu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filling year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 996A00012186

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:

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if put so contained in the new of present that it is a corporation instead of a natural
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW YORK (State or country under the law of which it is incorporated) 3. 11-32.91211 (FEI number, if applicable)
4. 11. 14. 1995 Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION (Date first transacted business in Florida, (See sections 607, 1501, 507, 1502, AND 817, 155, F.S.)
7. 1634 SE HIGDON CT. PORT St. LUCIF, FL-34952
(Current mailing address)
8. MPO 12T & EXPORT ON THE INTERNATIONAL MARKET (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NC1 acceptable)
Name: VALENTINA TENETKINA
Office Address: 1634 SE HIGDON CT.
PORT ST. LUCIE , Florida , 34952 10. Registered agent's acceptance: (Zip Code)
10. Registered agent's acceptance: (Zip Code)
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 addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable)
A. DIRECTORS (Street address only- P. O . Box NOT acceptable)
Chairman: VALENTINA TENETKINA
Address: 1634 HIGDON CT., PORT ST. LUCIE, FL-31952
Vice Chairman: VALENTINA TENETRINA
Address: 1634 HIGDON CT. PORT ST. LUCIE, FL-349 FZ
Director: VALENTINA TENETRINA
Address: 1634 HIGDON CT., PORT ST. LUCIE, FL-34452
Director: VALENTINA TENETKINA
Address: 1634 HIGDON CT. PORT ST. LUCIE, FL-34952
B. OFFICERS (Street address only- P. O. Box NOT acceptable)
President: VALENTINA TENETKINA
Address: 1634 HIGDON CT., PORT ST. LUCIE, FL-34952
Vice President: VALENTINA TENETKINA
Address: 1634 HIGDON CT. PORT ST. LUCIE FL-34952
Secretary: VALENTINA TENETRINA
Address: 1634 HIG DON CT., PORT ST. LUCIE, FL-34952
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Treasurer: VALENTINA TENETKINA
Address: 1634 HIGDON CT. PORT ST. LUCIE, FL-34952
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
••
14. VALENTINA TENETHINA - PRESIDENT (Typed or printed name and capacity of person signing application)

State of New York Department of State ss:

I hereby certify, that the certificate of incorporation of LVT WORLD & LIFE TRADING, INC. was filled on 11/14/1995, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 30th day of April one thousand nine hundred and

ninety-six.

OF NEW Secretary of State

Secretary of State

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