# F960000016809

TO: Qualification/Tax Lien Section Division of Corporations

22 CHOOCS 2 COEE 4 4 2 -- 4 -12/26/06--01043--001 -- 12/26/06--01043--001

SUBJECT: KOHLER STUDIOS, 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", 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:

_	HEINZ	KOHLE	er					
٠		4)	ame of Perso	on)				
	KOHLER				HEINZ I	KOHLER	PHOTO	ir aphy
		. (1	Pirm/Compar	ny)	•	•		
	6425	CHAPMA	NFIE	LD DRI	UE		97/2/2	7
_			(Address)			<u> </u>	5 N.S.	
_	MIAMI	FL	3315	6-551	9		O QC DEC 2	<u>'</u>
		(	City/State/Zi	p)				]
	ŕ						300	;
Should you nee	d to call some	ne concernin	g this matt	er, please cal	<b>l:</b>	<u>ಕ</u> ಭ		
HEINZ	KOHLE	R		at ( 30%	66	3-0292		
(Name of	Person)			(Area Co	xde & Daytime 1	Celephone Numl	ber)	

#### **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

## 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:

1. KOHLER STUDIOS, INC	
(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 not so contained in the name at present.)	•
2. CALIFORNIA (State or country under the law of which it is incorporated)  3. EIN 95-4029937 (FEI number, if applicable)	•
4. 12-16-85 5. PERPETUAL (Duration: Year corp. will cease to exist or	
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")	٠
6. HAVE NOT YET  (Date first transacted business in Florida. (Sensections 607.1501, 607.1502, AND 817.155, F.S.)	
(Date first transacted business in Florida, (Sen sections 607.1501, 607.1502, AND 817.153, F.S.)	<u></u>
7. 6425 CHAPMAN FIELD DRIVE	100 K
f Ti	照器
MIAMI, FL 33156-5519 (Current mailing address)	무됐
(Current mailing address)	됐다
• ARTWORK - PHOTOCRA PHY	S
8. ART WORK — PHOTOGRAPHY  (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 NOT acceptable)	žš
Name: CAROLYN KOHLER	ı
Office Address: 6425 CHAPMAN FIELD DR.	
MIAMI Florida 33156-5519	
MIΔMI , Florida , 33154-5519  10. Registered agent's acceptance: (Zip Code)	
Having been named as registered agent and to accept service of process for the above st corporation at the place designated in this application, I hereby accept the appointmen registered agent and agree to act in this capacity. I further agree to comply with the provision all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.  (Registered agent's signature)	t as
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.	

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Bor NOT acceptable)	
A. DIRECTORS (Street address only- P. O . Box NOT acceptable)	i Variation
Chairman:	•
Address:	
Vice Chairman:	<del></del>
Address:	n 45 Bising Section
Director:	は記述と
Address:	A CE SIN
Director:	<b>一</b> 5
Address:	<del></del>
B. OFFICERS (Street address only- P. O. Box NOT acceptable)	<del></del>
President: HEINZ KOHLER	<del></del>
Address: * 6425 CHAPMAN FIELD DRIVE MIAMI FL 331540-5519	_
Vice President: CARALVAL CALL STO	
Address: * (SAME)	<b>-</b>
Secretary: CAROLYN KOHLER	<del>-</del>
Address: *(SAME)	_ _
Treasurer: HEINZ KOHLER	_
Address: "(SAME)	<del>=</del>
	<del>-</del>
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. Carolin Kot	lev
(Signature of Chairman, Vine Chairman, of any officer listed in number 12 of the application)	
14. HEINZ KOHLER CAROLYN KOHLE (Typed or printed name and capacity of person signing application)	<b>~</b>



### SECRETARY OF STATE

# CERTIFICATE OF STATUS DOMESTIC CORPORATION

l, BILL JONES, Secretary of State of the State of California, hereby certify:	
---	--

That c	on the	1000	day	of	December ,19	85
--------	--------	------	-----	----	--------------	----

KOHLER STUDIOS, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

December 2, 1996

Billyons

Secretary of State