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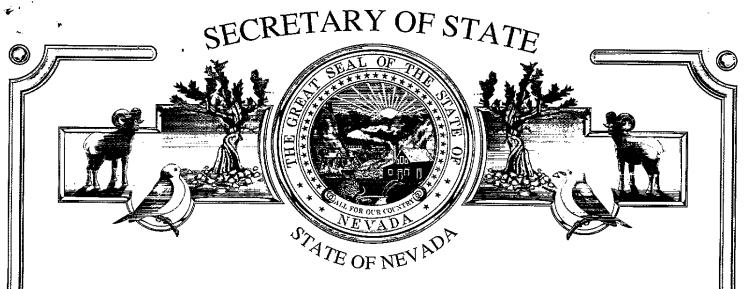
| To: Registration Section Division of Corporations   |  |              |
|---|--|--------------|
| ( ) - ( ) k   | 1 P + 40 = 1   | -            |
| SUBJECT: San Francisco Mas  | agment Tervices /r   | <u> 7C</u>   |
| (Name of corporation  | - must include suffix)   |              |
| Dan Cin au Madami   |  |              |
| Dear Sir or Madam:  |  |              |
| The enclosed "Application by Foreign Corporation for A "Certificate of Existence", and check are submitted to retransact business in Florida. | uthorization to Transact Business in Florida", gister the above referenced foreign corporation | .to          |
| Please return all correspondence concerning this matter t   | o the following:   |              |
| 2 min   |  |              |
| Name of   | 2  |              |
| (Name of )  | Person)  |              |
|   |  |              |
| (Firm/Con   | npany)   |              |
| 1213 Georgia +  | <del>}.</del> - · - · · -  |              |
| (Addre  | ess)   | •            |
| Kandalah El   | 33/1/2   |              |
| City West, FC   | 33040<br>e/Zip)  | **           |
| (City/Stat  | e/Zip)   |              |
|   | 10000307957<br>-12/23/990106   | '19<br>2-004 |
| Should you need to call someone concerning this matter  |  | ***70.00     |
| $\bigcirc$ , $\bigcirc$   |  | -            |
| J Nurschy at (305   | 292-571 \(\text{Code & Daytime Telephone Number}\)   |              |
| (Name of Person) (Area  | Code & Daytime Telephone Number)   |              |
|   | 100  | :            |
|   |  |              |
| STREET ADDRESS:   | MAILING ADDRESS:   |              |
|   | Paristration Section   |              |
| Registration Section Division of Corporations   | Registration Section  Division of Corporations   |              |
| 409 E. Gaines St.   | P.O. Box 6327  |              |
| Tallahassee, FL 32399   | Tallahassee, FL 32314  | -            |
| Enclosed is a check for the following amount:   |  |              |
|   | \$78.75 Filing Fee & <b>3</b> \$87.50 Filing Fee   | <b>,</b>     |
| Certificate of Status   | Certified Copy Certificate of Sta  | itus &       |
| •   | 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.  |
|--|
| 1. Can Evancus Co Management Surucus, Inc.  (Name of corporation; must include the word "INCORPORACED", "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. State or country under the law of which it is incorporated)  3. 91-1811939  (FEI number, if applicable)   |
| 4. Date of incorporation)  5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual")   |
| 6. Qualification.") (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)   |
| 7. a. 1213 Georgie St. Key West, FL 33040 (Principal office address)   |
| b. 1213 Georgia St Key West, FL 33040<br>(Current mailing address)   |
|  |
| 8. Quantilative Setul Cold  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  |
| S SOUTH TO BE SOUT |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: C. Marie C |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Churphy  Office Address: 12/3 Seongia It  |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Shurphy  Office Address: 12/3 Georgie It  (Zip code)  Florida 33040  (Zip code)   |

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 business addresses of officers and/or directors:  |
|---|
| A. DIRECTORS  |
| Chairman: M. Sanches  |
| Address: 1213 Georgia St  |
| KeyWest PL 33040  |
| Vice Chairman: Shuyshy  |
| Address: 1213 Georgia St  |
| Key West, FC 33040  |
| Director: M. Sanches  |
| Address: 1213 Georgie St  |
| (by 6lst FL 33040   |
| Director: Shurphy   |
| Address: 1213 Georgia St  |
| Keylelest PC 33040  |
| B. OFFICERS   |
| President: M. Sarchy  |
| Address: 1213 Georgea St  |
| Key West PL 33040 = N   |
| Vice President: Shunday   |
| Address: 1213 Georgie St  |
| Key West PL 33040   |
| Secretary: Shurphy  |
| Address: 1213 Georgia St  |
| Cey West FL 33040   |
| Treasurer: M. Sanchen   |
| Address: 1213 Georg & St  |
| Key West FL 33040   |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13Murchy  |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)                   |
| 14. (Typed or/printed name and capacity of person signing application)  |



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, SAN FRNACISCO MANAGEMENT SERVICES, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 8, 1997, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on December 20, 1999.

Secretary of State

Certification Clerk