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SECRETARY OF STATE

D. BRUCE

SEP 29 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division	of Corporations				
SUBJECT:	MA	VENTURES, LLC			
		me of Limited Liability Company			
		ility Company for Authorization to bove referenced foreign limited liab			
Please return all c	correspondence concerning this ma	atter to the following:			
_		HASSNAIN MERALI			
		Name of Person		-	
_		MA VENTURES, LLC			
		Firm/Company		_	
_		804 MAYER DR	SEO TALL	09 9	
		Address	AH)	EP -	11
	VASABITA	OU NEW YORK NOV 447	ASS.	28	
-	WANTA	AGH, NEW YORK, NY 1179 City/State and Zip Code		•	Π
		City/State and Zip Code	E.S.	<u> </u>	5
_	H	MFIVE@GMAIL.COM	SE S	PH 12: 2:	
	E-mail address: (t	o be used for future annual report n	otification)	7	
For further inform	nation concerning this matter, pleas	se call:			
	HASSNAIN MERALI	at (516)	652-6903		
	Name of Person	Area Code & Daytime Telepho	one Number	_	
Division Registrat P.O. Box	of Corporations tion Section 6 6327 see, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a c	heck for the following amou	nt:			
\$125.0	00 Filing Fee \$130.00 Filing Certificate o	g Fee & \$155.00 Filing Fee & Certified Cop.			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MA VENTURES, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") **NEVADA** 27-0953756 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 8/5/2009 100 YEARS (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") NO BUSINESS YET (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1675 E. E WILLAIMSON RD., LONGWOOD, FL 32779, USA (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as HASSNAIN MERALI 804 MAYER DR. WANTAGH, NEW YORK, NY 11793 ALI M MANEKIA 1675 E E WILLIAMSON RD LONGWOOD, FLORIDA 32779 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true)

HASSNAIN MERALI
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
MA VENTURES, LLC			
If unavailable, the alternate to be used in the state of Florida is:	·		
2. The name and the Florida street address of the registered agent and office are:			
ALI M MANEKIA (Name)	SEURETA ALLAHAS	09 SEP 2	<u>רור</u>
1675 E.E. WILLIAMSON RD Florida Street Address (P.O. Box NOT ACCEPTABLE)	RY OF SI	28 PM 12: 2	
LONGWOOD FL 32779 City/State/Zip	ATE IRIDA	: 27	
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with obligations of my position as registered agent as provided for in Chapter 608, Florida Du Mawul	ntment a of all sta and acc	as regi atutes cept th	istered
(Signature)			

Filing Fee for Application

Certified Copy (optional)
Certificate of Status (optional)

Designation of Registered Agent

\$ 100.00

\$ 25.00 \$ 30.00

5.00

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, non-profit corporations, corporation soles, 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, MA VENTURES, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 5, 2009, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20090921-2380
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 21, 2009.

ROSS MILLER Secretary of State