1 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE



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MY GOBAL COACIER GE. COM, INC. MY GOBAL COACIER GE. COM, INC. Principal Office Address 2. Principal Office Address 12 43 N. Western Ave Suite, Apt. #. etc. A - 16 City & State A - 16 City & State Country Coun	DOCUMENT #	# 007000	07004		- I	ALLAHASSEE, FLORIDA
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Country USA Country USA CERTIFICATE OF STATUS DESIRED To a Certificate of Current Registered Agent To a Certificate of Current DesireD To a Certificate	· · · ·	TL I	•	55. IZ		7721/OF7 H
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Gray of Baryon way Suite, Apt. 8, Etc. City May les 8. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent Agent Agent Agent MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit Corporations must list at least 3 directors) Pres L. Mellank 1243 M western Ave All Lakefores TI-600 (Sec. L. Mellank 1243 N western		* l	iip		6.	50.75 Addition 15.
Street Address (P.O. Box Number is Noj Acceptable) Suite, Apt. R. Etc. City Lay (es State State			Ÿ	Address of Current Regist	tered Agent	
Titles Name of Officers and/or Directors Pres - L. Mellroge 1243 MWESTERN AVE AIL LAKEFOREST IT 6009 Sec L. Mellnor 1243 N WESTERN AVE AIL LAKEFOREST IT 6009 This L. Mellnor 1243 N WESTERN AVE A-14 LAKEFOREST IT 6009 1243 N WESTERN AVE A-14 LAKEFOREST IT 6009	8. I, being appointed the re-	gistered agent of the above r	1		obligations of section	FL 3 4/0 9 on 607.0505 or 617.0503, F.S.
Pres L. Mellnoge 1243 N Western Ave AIL Lakefores IZ 6009 Sec L. Mellnoge 1243 N Western Ave AIL Lakefores IZ 6009 Thes L. Mellnok 1243 N Western Ave AIL Lakefores IZ 6009 Thes L. Mellnok 1243 N Western Ave A-14 Lakefores IZ 6009	9. Names and Street Addre	esses of Each Officer and/or	Director (Florida nonpro	fit corporations must list at	least 3 directors)	
Sec L. Mellnor 1243 N weren Ave A-14 Lakefores IL 6009 This L. Mellnor 1243 N western Ave A-14 Lakefores IL 6009	Titles					City / State / Zip
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	Sec L.Me	ILINOK	1243	N WENERN	AURAIL	LAKAFURES ILLEOUYS
	Thes L.M	ellxok	1243	N WESTERN,	Aue A-16	LAKEFOREST IL 60045
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that where	10 Logrify that Lam an offic	cer or director or the receiver	or trustee empowered to	n everate this englication o	s amuidad for in ch-	ntar 607 or 617 E.S. further and 6, that

SIGNATURE TARED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7/19/07 Date Daytime Phone #