# F0700005666

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· <del></del>
Special Instructions to Filing Officer:
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SECRETARY OF STATE
AND ANASSEE FLORIDA



#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: if b Americas , Ir	<u>k.</u> .
(Name of corpora	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation is "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	tter to the following:
Maulen Blackonis	
(Name	e of Person)
Maylen Blardonis  (Name (Firm)	
(Firm/	(Company)
	<b>3</b> 0
	ddress)
Mioni FC 33126	
(City/Sta	ate and Zip code)
For further information concerning this matter, please	se call:
Maylen Blardonis at (30) (Name of Person) (Ar	5 , 264. 1057 x 2001
'(Name of Person) (Ar	ea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & 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. Howerices, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	-
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida	<del>-</del>
	,
2. <u>Delaware</u> (State or country under the law of which it is incorporated)  3. 20. 4746742 (FEI number, if applicable)	_
4. April 20, 2000 (Date of incorporation)  5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	_
6. Upon filing.  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	_
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7.815 NW ST Ave, Ste DO, MON, FC 33126 (Principal office address)	<del>-</del>
815 NW 57 Ave, Ste Do, MOH, FC 33126 (Current mailing address)	- ~
(Current manning address)	07 NOV
8 Consultina.	2
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	- 75 PI
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	=
Name: Maylen Blardmis	PH 1: 24
Name: <u>Maylen Blandmis</u> Office Address: <u>815 Nw 57 Apre</u> , Ste 200	
Miari Florida 33126	
(City) (Zip code)	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this cape further agree to comply with the provisions of all statutes relative to the proper and complete performance of n and I am familiar with and accept the obligations of my position as registered agent.	acity. I
1445	

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	ZSS.	ò7 •	٠ ـ
Chairman: Claus Stegmann	ES.	07 NOV 15	<u>.</u> محالت
Address: 815 NW ST Are Suite 200	ASSET		16
Moni, 72 33106	m <sub>C</sub>	P	_
Vice Chairman:	ORIGINAL PROPERTY OF THE PROPE	: 21	
Address:			
Director: Horst Will	· · · · · · · · · · · · · · · · · · ·		
Address: 815 NW ST Ave, Suite 220			_
Mioni, FC 33126			
Director: Oliver Breiner			
Address: 815 MW Syfre, Suite 220			
Miani, FC 33126			
B. OFFICERS			
President: Michael P. Wauk			
Address: 815 New 57 Are, Suite 200			
Mioni, TR 33126			
Vice President: Michael P. Hank		, -u-:	
Address: 815 NW 57 Ave Suite 226		<del> </del>	
<u>Міоні</u> FC 33126			
Secretary: <u>Hichael P. Haudy</u>		·	<del></del>
Address: 815 Mes St Aue, Suite 200, Mioni, FC 33/20	0		<del></del>
Treasurer: M'chael P. Wauk			
Address: 815 HW St Ave, Suite 200, Mioni FC 33/26.			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	r director	s.	
(Signature of Director or Officer listed in number 12 of the application)	<del> </del>	•	
14. Michael P Mark, President.	· · · · · · · · · · · · · · · · · · ·		
(Typed or printed name and capacity of person signing application)			

# Delaware

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### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IFB AMERICAS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2007.

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SECRETARY OF STATE
SECRETARY OF STATE
AND AMASSEE, FLORIDA



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6109388

DATE: 10-26-07

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