F0300000190

(Re	equestor	s Name)		
(A	dress)			_
(Ac	idress)			
(Ci	ty/State/Z	(ip/Phone #)	<u></u>	—
PICK-UP	L \	VAIT	MAIL	
	usiness E	ntity Name)		
		,		
(Do	ocument	Number)		_
Certified Copies	C	artificates of	Status	
Cerunea Copies	<u> </u>	Similores O	Clarus	_
Special Instructions to	Filing Of	ficer:	···	٦
Nam e Availabili ty	····			
Dominent				
Ex whiner	Duc			
Uprlater	DCC Office	Use Only		
, U⊸'a'er Ve⊝iyer	DCC			
vi no ledgement	DCC			
N 2 Verifyer	ULC			



300009661993

03 JAN 14 PH 2:19 FILED

RECEIVED



ACCOUNT NO. : 072100000032

REFERENCE : 890890 472063

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE: January 13, 2003

ORDER TIME : 9:48 AM

ORDER NO. : 890890-005

CUSTOMER NO: 4720635

CUSTOMER: Ms. Cynthia Eller

Popeney Lebetsamer Grange

Suite 200

1500 Crenshaw Blvd Torrance, CA 90501

FOREIGN FILINGS

NAME: OUT OF AFRICA EXPERIENCE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER:

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. Out of Africa Experience, Inc.						
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of natural person or partnership if not so contained in the name at present.)						
2. <u>California</u> 3. <u>51-0437942</u> .						
(State or country under the law of which it is incorporated) (FEI number, if applicable)						
4. December 2, 2002 5. Perpetual						
(Date of incorporation) (Duration: Year corp. will cease to exis	t or "perpetual")					
6. Upon qualification	s 5					
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualiffication")						
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	SAT CREII LANN	artemit:				
7. 1500 Crenshaw Blvd., Suite 200, Torrance, CA 90501	E STATE	_ 				
(Principal office address)	SHE SHE	75				
1500 Crenshaw Blvd., Suite 200, Torrance, CA 90501		_ 🗃				
(Current mailing address)						
	ORRIDA					
8. Import business (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		_				
(Furpose(s) of corporation authorized in nome state of country to be carried out in state of Piorida)						
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT ac	cceptable)					
Name: Corporation Service Company						
Office Address: 1201 Hays Street	44	α,				
Tallahasee , Florida 32301 (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 place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kollorah W. Skipper Deborah D. Skipper (Registered agent's signature) Asst. V. Pres.

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: _ N/A Address: Vice Chairman: N/A Oenonie O'Reilly Director: _____ 1500 Crenshaw Blvd., Suite 200, Torrance, CA 90501 Address: Suart Blair Director: _____ 1500 Crenshaw Blvd., Suite 200, Torrance, CA 90501 Address: __ B. OFFICERS President: ____Oenonie O'Reilly ____ 1500 Crenshaw Blvd., Suite 200, Torrance, CA 90501 Address: ___ Vice President: N/A Secretary: ____Stuart Blair Address: 1500 Crenshaw Blvd., Suite 200, Torrance, CA 90501 Treasurer: ____Stuart Blair Address: 1500 Crenshaw Blvd., Suite 200, Torrance, CA 90501 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Stuart Blair, Secretary/Treasurer

(Typed or printed name and capacity of person signing application)



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certife

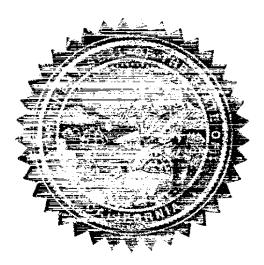
That on the 2ND day of DECEMBER, 2002, OUT OF AFRICA EXPERIENCE, INC. became incorporated under the laws of the State of California by filting its Articles of Incorporation in this office: and

That no record exists in this office of a certificate of dissolution soft satisfies 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 3, 2002.

> **BILL JONES** Secretary of State